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To: MARKET XCEL DATA MATRIX PVT. LTD. Flat No.301, Hosue No. 3-6-269/301, 4th Floor, MYM Money Center, Opp. Telugu Academy, Himayathnagar, Hyderabad -500029 PAN No.: AAECM5086D						Bill No: 26907 Date: Freelancer Code: 25/10/14							
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I solemnly de	clare the inform	mation ment	tioned herein (both sides o	f the page) is true	and correc	t to the	e best of my	y beliefs ar	nd I agree	with all terms and co	nditions.	
My PAN Account Number is: Beneficiary Bank Account Name: Koppu Angamme, Beneficiary Bank Name: Union Bank													
Beneficiary					0/000				iary IFS	C Code:	UBEN	0-817	562
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										•			

) market <u>x</u> cel	17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi -110020 Executive Name: K. Styamara' Mobile No.:	PIC of the freelancer
conducting interviews Research Data by M Date of	Koppu Angammegistered with us as a freelance supplier for and collecting data. He/She has been authorized to collect Market Market Xcel as per project specific Assignment Letter, Reference No: Issue: 1910/14 Valid From: 2011/14 to 09110/14 Job Fieldwork Mobile No: 241600/Address: This Authority Card is issued on the freelance supplier to facilitate in his/her assignment.	
the specific request of	ne regarde supplier to lacinate in monoral of	(Card Holder's Signature)

Assignment letter

Freelancer Name Kopp Argam House Address Ongole	Job No: 20240924 Job Title: Branchealth Fieldwork Location: String Town tall	Freelancer Code: Reference No: Date: Lgloglogly

Dear Sir/Madam,

This has reference to the discussion we had with you regarding the assignment pertaining to the captioned subject matter and explained in detail at the project briefing which you had attended on.

We now offer you fees for the assignment and other associated fees as mentioned hereunder, on the terms and conditions mentioned below and overleaf.

(A) Fees for Assignment:

Data Collection Type	Segment - Center	Quantity (Nos)	Rate Rs. (Per Qty)
Capi	Ongolie	35	93,66

and end on The completed assignment should be delivered in required The above stated assignment will start from numbers/quantity through the device handed over to you for the data collection task in complete quantity and data be synced on daily basis so that data collected in the device is sent directly into the secured server. The device location should be always in active and GPS be captured live as communicated at the above stated briefing. Non-Compliance of agreed schedule may result in non-acceptance and may to rejection of the assignment in part/full without any further reference/intimation to you. This is not an employment but merely an assignment to you as a freelancer, and you are free to pursue any other vocation of your choice or work for any other person, and that no request from you for permanent/temporary employment in the Company shall be entertained in future. The Company reserves its right to terminate your assignment without showing any reason thereof.

I solemnly declare the information mentioned herein (both sides of the page) is true and correct to the best of my beliefs and I agree with all terms and conditions.

Date:

19/09/24 Leoper Angung Name of signee:

Signature:



Signed in the presence of:

1) Witness Name:	K. Subnyannan
Contact number:	8/25 20 2728
Signature:	R. Sutra
2) Witness Name:	Y
Contact number:	
Signature:	

From Name o Address Mobile N	f the Free : No: 10	elancer:-	Abbid t 63	nek p	erdom						
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Assignment Number	Job No.	Segment	Centre	Date Collection Type	Quantity Syncl Submitted		•	ejectedby reed by me	Invoice Quantity Accepted	Quantity Paidinthis Invoice	Quantity Payable in Subsequent Invoices
Oy	2624	IT	orsite	CAPI	60		D		60	60	60
I solemnly dee	clare the inform	nation menti	oned herein (both sides o	of the page) is tru	e and corr	ect to th	e best of m	v beliefs and Lagree	with all terms and co	nditione
I solemnly declare the information mentioned herein (both sides of the page) is true and correct to the best of my beliefs and I agree with all terms and conditions. My PAN Account Number is:											
Beneficiary Bank Account Name: B . Mbulglele Perolem Beneficiary Bank Name: Indian Bue											
Beneficiary Bank Account Number: 717983190, Beneficiary IFSC Code: RDTR OFFICIARY											
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Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi - 110020 Executive Name: Executive Name: Mobile No.: Mobile No:: Mobile No::	PIC of the freelancer
the specific request of the freelance supplier to facilitate in his/her assignment.	
	(Card Holder's Signature)

Assignment letter

20240924 Freelancer Name Job No: Shisler Penlen Freelancer Code: House Address Job Title: Fieldwork Board hearth studyfor Reference No: 19/9/24 Kothalet Date:

Dear Sir/Madam,

This has reference to the discussion we had with you regarding the assignment pertaining to the captioned subject matter and explained in detail at the project briefing which you had attended on.

We now offer you fees for the assignment and other associated fees as mentioned hereunder, on the terms and conditions mentioned (A) Fees for Assignment:

Data Collection Type	Segment - Center	Quantity (Nos)	Rate Rs. (Per Qty)
CAPI	oryole	60	17

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I solemnly declare the information mentioned herein (both sides of the page) is true and correct to the best of my beliefs and I agree with all

Date:

Signature:

Alaly Name of signce: Ashigher Pendom

Signed in the presen	ce of:
1) Witness Name:	Etyangerrana
Contact number:	8125203730
Signature:	R - Soma
2) Witness Name:	1
Contact number:	
Signature:	