

From Market Xcel Data Matrix Pvt. Ltd
 Name of the Freelancer: Priyanka Zodage
 Address:- A-N-56 B.D.D. Chawl No-93, D.N. Wakrikar Marg, Mum-400018
 Mobile No:- 8928534255

BILL

Customer's Name & Address
To : MARKET XCEL DATA MATRIX PVT. LTD.
 204-207, 2nd Floor Ashok Premises, Nicholas Wadi Circle Road, Nicholas Wadi,
 Near Tiwari Chaiwala, Andheri East Mumbai-400069
 PAN No.: AAECM5086D

For Commercial Use:
34947
 Bill No:
 Date: 18-10-25
 Freelancer Code:

Towards my Charges/Fees against Assignment/s stated below:

Job No:	Original Assignment Number and Date	Revised Assignment Number and Date	Quantity And Amount Payble
<u>20250140</u>			
Job Title: <u>Dental study</u>			
Fieldwork Locations: <u>Mumbai</u>			

Fees for Assignment

Data Collection Type & Segment	Quantity	Rate	Amount
1- Briefing charges			
2- Recruitment/Contact/Listing			
3- Main interview -	<u>8</u>	<u>250</u>	<u>2000</u>
4- Main interview-			
5- Moderation/Translation/Transcription/Others (Specify).....			

Other Fees/Charges

Supervision Charges

Executive Name: Madhavi Bidlan
 EIC Employee ID: Date: Signature:

Totals

A) Fees for Assignemt	Job No.	Task Code	Amount:-
	<u>20250140</u>		<u>2000</u>
B) Supervision Charges			Amount:-

Grand Total (A+B) For Net Payment

Rupees in Words: Two Thousand only / -

Summary

Assignment Number	Job No.	Segment	Centre	Date Collection Type	Quantity Synched/ Submitted	Quantity Rejectedby IQC and Agreed by me	Invoice Quantity Accepted	Quantity Paidinthis Invoice	Quantity Payable in Subsequent Invoices
	<u>20250140</u>	<u>one out</u>	<u>mumbai</u>	<u>online</u>	<u>8</u>	<u>-</u>	<u>8</u>		

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: ABSPZ 1138L
 Beneficiary Bank Account Name: Priyanka zodage Beneficiary Bank Name: Abhyuday Bank
 Beneficiary Bank Account Number: 612011100062748 Beneficiary IFSC Code: ABHY0065013
 E&OE

<u>Priyanka zodage, 18/10/25</u> (Signature & Date)	<u> </u> <u>17/10/2025</u> Approved by with date	Bill Received On: <u> </u> Bill Checked & Cleared On: <u> </u>
--	--	---

	17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi -110020 Executive Name: <u>Madhavi Bidlam.</u> Mobile No.: <u>9819748218</u>	PIC of the freelancer
	This is to certify that <u>Priyanka Zodage</u> registered with us as a freelance supplier for conducting interviews and collecting data. He/She has been authorized to collect Market Research Data by Market Xcel as per project specific Assignment Letter. Reference No: _____ Date of Issue: <u>18-1-25</u> Valid From: <u>19-1-25</u> to <u>12-2-25</u> Job Fieldwork Location: <u>Mumbai</u> Mobile No: <u>8928534255</u> Address: This Authority Card is issued on the specific request of the freelance supplier to facilitate in his/her assignment.	
		(Card Holder's Signature)

Assignment letter

Freelancer Name <u>Priyanka Zodage</u> House Address <u>R.M-56, B.D.D. chawl, No-93, D.M. Wakarri Karf murg, Mum- haveli 8.</u>	Job No: <u>20250140</u> Job Title: <u>Dental study</u> Fieldwork Location: <u>Mumbai.</u>	Freelancer Code: _____ Reference No: _____ Date: <u>18-1-25</u>
--	---	---

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)
<u>online</u>	<u>Mumbai</u>	<u>8</u>	<u>250</u>

The above stated assignment will start from _____ and end on _____. The completed assignment should be delivered in required 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: 18/01/2025
 Name of signee: Priyanka zodage
 Signature: P.m zodage

Signed in the presence of:

1) Witness Name: Madhavi Bidlam
 Contact number: 9819748218
 Signature: M Bidlam
 2) Witness Name: _____
 Contact number: _____
 Signature: _____

From Market Xcel Matrix Pvt-Ltd
 Name of the Freelancer:- Saba Sheeh
 Address:- R-N-504 Building No-11 Shanti Milahm Building
 Mobile No:- 9987481288 garegaon (E)

BILL

Customer's Name & Address
To : MARKET XCEL DATA MATRIX PVT. LTD.
 204-207, 2nd Floor Ashok Premises, Nicholas Wadi Circle Road, Nicholas Wadi,
 Near Tiwari Chaiwala, Andheri East Mumbai-400069
 PAN No.: AAECM5086D

For Commercial Use:
 Bill No:
 Date: 34312 18/01/25
 Freelancer Code:

Towards my Charges/Fees against Assignment/s stated below:

Job No:	Original Assignment Number and Date	Revised Assignment Number and Date	Quantity And Amount Payble
<u>20250140</u>			
Job Title: <u>Dental study.</u>			
Fieldwork Locations: <u>Mumbai</u>			

Fees for Assignment

Data Collection Type & Segment	Quantity	Rate	Amount
1- Briefing charges			
2- Recruitment/Contact/Listing			
3- Main interview -			
4- Main interview-			
5- Moderation/Translation/Transcription/Others (Specify).....			

Other Fees/Charges

Supervision Charges	<u>8</u>	<u>50</u>	<u>400</u>
---------------------	----------	-----------	------------

Executive Name: Madhavi Bidan
EIC Employee ID: Date: Signature: Bidan

Totals

A) Fees for Assignemt	Job No.	Task Code	Amount:-
B) Supervision Charges	<u>20250140</u>		<u>400</u>

Grand Total (A+B) For Net Payment

Rupees in Words: Four Hundred only /

Summary

Assignment Number	Job No.	Segment	Centre	Date Collection Type	Quantity Synched/ Submitted	Quantity Rejectedby IQC and Agreed by me	Invoice Quantity Accepted	Quantity Paidinthis Invoice	Quantity Payable in Subsequent Invoices
	<u>20250140</u>	<u>audit</u>	<u>Mumbai</u>	<u>online</u>	<u>-</u>	<u>-</u>	<u>-</u>		

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: MOYP55050M
 Beneficiary Bank Account Name: Saba Sheeh
 Beneficiary Bank Account Number: 5945475067
 E&OE

Beneficiary Bank Name: Kotak Bank
 Beneficiary IFSC Code: KB BK 0000631

<u>Saba 18/1/25</u> (Signature & Date)	<u>Bidan 17/02/2025</u> Approved by with date	Bill Received On: _____ Bill Checked & Cleared On: _____
---	--	---

	17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi - 110020 Executive Name: <u>Madhavi Bidlan</u> Mobile No.: <u>9819748718</u>	PIC of the freelancer
	This is to certify that <u>Saba Shah</u> registered with us as a freelance supplier for conducting interviews and collecting data. He/She has been authorized to collect Market Research Data by Market Xcel as per project specific Assignment Letter. Reference No: _____ Date of Issue: <u>18-1-25</u> Valid From: <u>18-1-25</u> to <u>12-2-25</u> Job Fieldwork Location: <u>Mumbai</u> Mobile No: <u>9989481288</u> Address: This Authority Card is issued on the specific request of the freelance supplier to facilitate in his/her assignment.	
		(Card Holder's Signature)

Assignment letter

Freelancer Name: <u>Saba Shah</u> House Address: <u>R.M.Soh, Shanti Building, Goregaon (E).</u>	Job No: <u>20250140</u> Job Title: <u>Dental study</u> Fieldwork Location: <u>Mumbai</u>	Freelancer Code: Reference No: Date: <u>18-1-25</u>
--	--	---

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)
<u>online</u>	<u>Mumbai</u>	<u>8</u>	<u>50</u>

The above stated assignment will start from _____ and end on The completed assignment should be delivered in required 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: 18/01/2025
 Name of signee: Saba Shah
 Signature: Saba

Signed in the presence of:

1) Witness Name: Madhavi Bidlan
 Contact number: 9819748718
 Signature: M Bidlan
 2) Witness Name: _____
 Contact number: _____
 Signature: _____