market xcel	17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi -110020 Executive Name: VIINT Nobile No.: 8015640643.	PIC of the freelancer
Research Data by N Date of I Location: C DE NAD	Amb J.Ch. registered with us as a freelance supplier for and collecting data. He/She has been authorized to collect Market darket Xcel as per project specific Assignment Letter. Reference No: ssue: Valid From: [] [] [] [] [] Job Fieldwork SMobile No: [] [] [] [] [] Address This Authority Card is issued on the freelance supplier to facilitate in his/her assignment.	
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Assignment letter

Freelancer Name AMBILEA House Address

CHENNAS

Job No: 20241150. Job Title: MDZ POD. Fieldwork Location:

CHENNAI

Freelancer Code: MxCF 2023-606 Reference No:

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)
Quantil	Quel - Chennon.	14	250.

The above stated assignment will start from 6 11 24 and end on 20 11 12 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.

11/2/25 Date:

Signature:

Name of signee:

Amblee

Signature:

Amblee

Signed in the presence of:

Signature:

K. VIJAYALAK 1) Witness Name:

Contact number: 80156406

2) Witness Name:

Contact number: 19041

Signature:

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of the Freelancer:-Address:-Nobile No:-

SUKANYA . D CHENNAJ 08097

BILL

Customer's Name & Ac To: MARKET XCEL D No. 15. 1st Floor. AA Road, Ka Perambur, Chennai-600011 PAN No.: AAECM5086D	ATA MATRIX PVT. LTD.
SUA TONE WATER TO	Towards my Charges/

OF	Corr	ime	rcial	Use:

Bill No: 32951
Date: 11/2/25
Freelancer Code: MXCF2023-001

Feesagainst Assignment/sstated below: **Original Assignment** Revised Assignment Quantity And 20241150 Job No: **Number and Date** Number and Date Amount Payble MDZ POD Job Title: Fieldwork Locations: CHENNAS Fees for Assignment Quantity Rate **Data Collection Type & Segment** 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 14 301. **Executive Name:** VITAYALAKCHMI 14. Wrigayalele EIC Employee ID: Date: Signature: Totals 8401-A) Fees for Assignemt Job No. Task Code Amount:-B) Supervision Charges Amount:-Grand Total (A+B) For Net Payment Rupees in Words: FORTY Repress Summary Date **Quantity Synched/** Quantity Rejectedby **Invoice Quantity** Assignment Quantity Paidinthis Quantity Payable in Job No. Segment Collection Centre Number Submitted IQC and Agreed by me Accepted Subsequent Invoices Invoice (Herray (any 0 14 14 14 0

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:

D. SUKANYA

Beneficiary Bank Account Number: 2 0156368636.

Beneficiary Bank Name: STATE Dank of INDI

Beneficiary IFSC Code:

SBIN0003307

E&OE

Bugney (Signature & Date) K. Vijayalezli Approved by with date Bill Received On:

Bill Checked & Cleared On: