

| From<br>Name of the Freelancer:- <b>Bebi Wankhede</b><br>Address:-<br>Mobile No:- <b>8308930514</b>                                                                                                      |              | <b>BILL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    | Customer's Name & Address<br><b>TO : MARKET XCEL DATA MATRIX PVT. LTD.</b><br>204-207, 2nd Floor Ashok Premises, Nicholas Wadi Circle Road, Nicholas Wadi,<br>Near Tiwari Chaiwala, Andheri East Mumbai-400069<br>PAN No.: AAECM5086D<br>Bill No: <b>2510124</b><br>Date: <b>25/10/24</b><br>Freelancer Code: <b>MUMUMF2024-0481</b>             |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------------------------|---------------------------|-------------------------------------|-----------------------------------------|-----------------------------|-----------------|--------------------------------|----------------------------|-------------------------------------------|---------------------------|------------------------------------------|-----------------------------------------|--|--|--------------------|--|--|--|----------------------------------------------------------------|--|--|--|
| Towards my Charges/Fees against Assignment/stated below:                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Job No:</th> <th>Job Title:</th> <th>Original Assignment Number and Date</th> <th>Revised Assignment Number and Date</th> <th>Quantity And Amount Payable</th> </tr> <tr> <td><b>26240448</b></td> <td><b>6.165</b></td> <td></td> <td></td> <td></td> </tr> </table> |                            | Job No:                                   | Job Title:                | Original Assignment Number and Date | Revised Assignment Number and Date      | Quantity And Amount Payable | <b>26240448</b> | <b>6.165</b>                   |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| Job No:                                                                                                                                                                                                  | Job Title:   | Original Assignment Number and Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Revised Assignment Number and Date | Quantity And Amount Payable                                                                                                                                                                                                                                                                                                                      |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| <b>26240448</b>                                                                                                                                                                                          | <b>6.165</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| Fieldwork Locations:                                                                                                                                                                                     |              | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Data Collection Type &amp; Segment</th> <th>Quantity</th> <th>Rate</th> <th>Amount</th> </tr> <tr> <td>1- Briefing charges</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2- Recruitment/Contact/Listing</td> <td><b>12</b></td> <td><b>138</b></td> <td><b>1652</b></td> </tr> <tr> <td>3- Main interview -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4- Main interview-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5- Moderation/Translation/Transcription/Others (Specify) .....</td> <td></td> <td></td> <td></td> </tr> </table> |                                    | Data Collection Type & Segment                                                                                                                                                                                                                                                                                                                   | Quantity                   | Rate                                      | Amount                    | 1- Briefing charges                 |                                         |                             |                 | 2- Recruitment/Contact/Listing | <b>12</b>                  | <b>138</b>                                | <b>1652</b>               | 3- Main interview -                      |                                         |  |  | 4- Main interview- |  |  |  | 5- Moderation/Translation/Transcription/Others (Specify) ..... |  |  |  |
| Data Collection Type & Segment                                                                                                                                                                           | Quantity     | Rate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Amount                             |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| 1- Briefing charges                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| 2- Recruitment/Contact/Listing                                                                                                                                                                           | <b>12</b>    | <b>138</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1652</b>                        |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| 3- Main interview -                                                                                                                                                                                      |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| 4- Main interview-                                                                                                                                                                                       |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| 5- Moderation/Translation/Transcription/Others (Specify) .....                                                                                                                                           |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| Other Fees/Charges                                                                                                                                                                                       |              | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">Totals</th> </tr> <tr> <td>A) Fees for Assignment</td> <td>Job No.</td> <td>Task Code</td> <td>Amount:-</td> </tr> <tr> <td>B) Supervision Charges</td> <td></td> <td></td> <td>Amount:-</td> </tr> <tr> <td colspan="4" style="text-align: center;"> <b>Grand Total (A+B) For Net Payment</b> </td> </tr> </table>                                                                                                                                                                                                                         |                                    | Totals                                                                                                                                                                                                                                                                                                                                           |                            |                                           |                           | A) Fees for Assignment              | Job No.                                 | Task Code                   | Amount:-        | B) Supervision Charges         |                            |                                           | Amount:-                  | <b>Grand Total (A+B) For Net Payment</b> |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| Totals                                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| A) Fees for Assignment                                                                                                                                                                                   | Job No.      | Task Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Amount:-                           |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| B) Supervision Charges                                                                                                                                                                                   |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Amount:-                           |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| <b>Grand Total (A+B) For Net Payment</b>                                                                                                                                                                 |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| Executive Name: <b>Sanku Wusha</b><br>EIC Employee ID: <b>Signature:</b>                                                                                                                                 |              | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">Summary</th> </tr> <tr> <th>Assignment Number</th> <th>Job No.</th> <th>Segment</th> <th>Centre</th> <th>Date Collection Type</th> <th>Quantity Synched/Submitted</th> <th>Quantity Rejected by IQC and Agreed by me</th> <th>Invoice Quantity Accepted</th> <th>Quantity Paid in this Invoice</th> <th>Quantity Payable in Subsequent Invoices</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>                                                          |                                    | Summary                                                                                                                                                                                                                                                                                                                                          |                            |                                           |                           | Assignment Number                   | Job No.                                 | Segment                     | Centre          | Date Collection Type           | Quantity Synched/Submitted | Quantity Rejected by IQC and Agreed by me | Invoice Quantity Accepted | Quantity Paid in this Invoice            | Quantity Payable in Subsequent Invoices |  |  |                    |  |  |  |                                                                |  |  |  |
| Summary                                                                                                                                                                                                  |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| Assignment Number                                                                                                                                                                                        | Job No.      | Segment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Centre                             | Date Collection Type                                                                                                                                                                                                                                                                                                                             | Quantity Synched/Submitted | Quantity Rejected by IQC and Agreed by me | Invoice Quantity Accepted | Quantity Paid in this Invoice       | Quantity Payable in Subsequent Invoices |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
|                                                                                                                                                                                                          |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| Ruppes in Words:                                                                                                                                                                                         |              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| 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: <b>ACNFW6814E</b><br>Beneficiary Bank Account Name: <b>Bebi R Wankhede</b><br>Beneficiary Bank Account Number: <b>32785199071</b><br>Beneficiary IFSC Code: <b>SBIN0004753</b> |              | Bill Received On:<br>Bill Checked & Cleared On:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |
| Approved by with date<br>                                                                                                                                                                                |              | (Signature & Date)<br><b>Bebi Wankhede</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                                                                                                                                                                                                                                                                                                                                  |                            |                                           |                           |                                     |                                         |                             |                 |                                |                            |                                           |                           |                                          |                                         |  |  |                    |  |  |  |                                                                |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIC of the freelancer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  <b>market xcel</b>                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi - 110020<br>Executive Name: <u>Saravjit Mishra</u><br>Mobile No.: <u>9664541806</u> |
| This is to certify that _____ 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>10.6.24</u> Valid From: <u>10.6.24</u> to <u>25.6.24</u> Job Fieldwork Location: _____ Mobile No: _____ 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>Bebi Wankhede</u><br>House Address: _____<br>Job No: <u>2024048</u><br>Job Title: <u>4:65</u><br>Fieldwork Location: _____ | Freelancer Code: <u>MXMUN2024-0482</u><br>Reference No: _____<br>Date: <u>25/10/24</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) |
|----------------------|------------------|----------------|--------------------|
| Ind                  |                  | 12             | 138                |

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:

Name of signer: Bebi Wankhede

Bebi Wankhede

Signature: Bebi Wankhede

Bebi Wankhede

Signed in the presence of

1) Witness Name: \_\_\_\_\_  
 Contact number: \_\_\_\_\_  
 Signature: \_\_\_\_\_

2) Witness Name: \_\_\_\_\_  
 Contact number: \_\_\_\_\_  
 Signature: \_\_\_\_\_

Saravjit Mishra  
9664541806

|                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                           |  |                                                                                                                                                                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| From<br>Name of the Freelancer:-<br>Address:-<br>Mobile No:- 7588925642                                                                                                                                                                                                                                                                                                                                            |  | <b>BILL</b>                                                               |  | Customer's Name & Address<br><b>TO : MARKET XCEL DATA MATRIX PVT. LTD.</b><br>204-207, 2nd Floor Ashok Premises, Nicholas Wadi Circle Road, Nicholas Wadi,<br>Near Tiwari Chaiwala, Andheri East Mumbai-400069<br>PAN No.: AAECM5086D<br>Bill No:<br>Date:<br>Freelancer Code: |  |
| Towards my Charges/Fees against Assignment/stated below:                                                                                                                                                                                                                                                                                                                                                           |  | Job No: 20240448<br>Job Title: G.I.B                                      |  | Fieldwork Locations:                                                                                                                                                                                                                                                           |  |
| Quantity And Amount Payable                                                                                                                                                                                                                                                                                                                                                                                        |  | Original Assignment Number and Date<br>Revised Assignment Number and Date |  | Amount                                                                                                                                                                                                                                                                         |  |
| 1 - Briefing charges<br>2 - Recruitment/Contact/Listing<br>3 - Main interview -<br>4 - Main interview -<br>5 - Moderation/Translation/Transcription/Others (Specify).....                                                                                                                                                                                                                                          |  | Quantity<br>Rate<br>Amount                                                |  | 25<br>138<br>3450                                                                                                                                                                                                                                                              |  |
| <b>Other Fees/Charges</b>                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                           |  |                                                                                                                                                                                                                                                                                |  |
| Supervision Charges<br>Executive Name: <i>Saurabh Mishra</i><br>EIC Employee ID: Date: Signature:                                                                                                                                                                                                                                                                                                                  |  |                                                                           |  |                                                                                                                                                                                                                                                                                |  |
| <b>Totals</b>                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                           |  |                                                                                                                                                                                                                                                                                |  |
| A) Fees for Assignment Job No. Task Code Amount:-<br>B) Supervision Charges Amount:-<br><b>Grand Total (A+B) For Net Payment</b>                                                                                                                                                                                                                                                                                   |  |                                                                           |  |                                                                                                                                                                                                                                                                                |  |
| <b>Summary</b>                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                           |  |                                                                                                                                                                                                                                                                                |  |
| Assignment Number Job No. Segment Centre Date Collection Type Quantity Synched/Submitted Quantity Reflected by me Invoice Quantity Accepted Quantity Paid/Invoiced Subsequent Invoices in                                                                                                                                                                                                                          |  |                                                                           |  |                                                                                                                                                                                                                                                                                |  |
| 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.<br>My PAN Account Number is: <i>AE&amp;PW1845-R</i><br>Beneficiary Bank Account Name: <i>Babitha S. Wankhede</i><br>Beneficiary Bank Account Number: <i>3581469218</i><br>Beneficiary IFSC Code: <i>CBIN0283822</i><br>Central Bank of India |  |                                                                           |  |                                                                                                                                                                                                                                                                                |  |
| Bill Received On:<br>Bill Checked & Cleared On:                                                                                                                                                                                                                                                                                                                                                                    |  | Approved by with date<br>                                                 |  | (Signature & Date)<br>                                                                                                                                                                                                                                                         |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIC of the freelancer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi - 110020<br>Executive Name: <u>Sanku Mishra</u><br>Mobile No.: <u>9664574306</u> |
| This is to certify that _____ 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>10.6.24</u> Valid From: <u>10.6.24</u> to <u>28.6.24</u> Job Fieldwork Location: _____ Mobile No: _____ 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>Babita Wanjleekar</u><br>House Address: _____<br>Job No: <u>20240448</u><br>Job Title: <u>AIBS</u><br>Fieldwork Location: _____ | Reference Code: <u>MMW-20240487</u><br>Reference No: _____<br>Date: <u>25/10/24</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) |
|----------------------|------------------|----------------|--------------------|
| Ind                  |                  | 25             | 138                |

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:                      | Name of signee:          | Signature:        |
|                            | <u>Babita Wanjleekar</u> | <u>Babita</u>     |
| Signed in the presence of: | 1) Witness Name:         | Contact number:   |
|                            | <u>Sanku Mishra</u>      | <u>9664574306</u> |
|                            | 2) Witness Name:         | Contact number:   |
|                            |                          |                   |
|                            | Contact number:          | Signature:        |
|                            |                          |                   |
|                            | Contact number:          | Signature:        |
|                            |                          |                   |

|                                                                                                                                                                       |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| From<br>Name of the Freelancer:-<br>Address:-<br>Mobile No:-                                                                                                          |                               | <b>BILL</b>                                                               |                         | Customer's Name & Address<br><b>To : MARKET XCEL DATA MATRIX PVT. LTD.</b><br>204-207, 2nd Floor Ashok Premises, Nicholas Wadi Circle Road, Andheri East Mumbai-400069<br>PAN No.: AAECM5086D<br>For Commercial Use:<br>Bill No:<br>Date:<br>Freelancer Code: |                            |
| Towards my Charges/Fees/Against Assignment/stated below:                                                                                                              |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |
| Job No: 20240448<br>Job Title: GIBS                                                                                                                                   |                               | Original Assignment Number and Date<br>Revised Assignment Number and Date |                         | Fieldwork Locations:                                                                                                                                                                                                                                          |                            |
| <b>Fees for Assignment</b>                                                                                                                                            |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |
| Data Collection Type & Segment                                                                                                                                        |                               | Quantity                                                                  | Rate                    | Amount                                                                                                                                                                                                                                                        |                            |
| 1- Briefing charges                                                                                                                                                   |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |
| 2- Recruitment/Contact/Listing                                                                                                                                        |                               | 33                                                                        | 138                     | 4554                                                                                                                                                                                                                                                          |                            |
| 3- Main interview -                                                                                                                                                   |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |
| 4- Main interview-                                                                                                                                                    |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |
| 5- Moderation/Translation/Transcription/Others (Specify).....                                                                                                         |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |
| <b>Other Fees/Charges</b>                                                                                                                                             |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |
| Supervision Charges                                                                                                                                                   |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |
| Executive Name: Sarvek Mishra                                                                                                                                         |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |
| EIC Employee ID: Date: Signature:                                                                                                                                     |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |
| <b>Totals</b>                                                                                                                                                         |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |
| A) Fees for Assignment                                                                                                                                                |                               | Job No.                                                                   | Task Code               | Amount:-                                                                                                                                                                                                                                                      |                            |
| B) Supervision Charges                                                                                                                                                |                               |                                                                           |                         | Amount:-                                                                                                                                                                                                                                                      |                            |
| <b>Grand Total (A+B) For Net Payment</b>                                                                                                                              |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |
| Rupees in Words:                                                                                                                                                      |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |
| <b>Summary</b>                                                                                                                                                        |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |
| Assignment Number                                                                                                                                                     | Job No.                       | Segment                                                                   | Centre                  | Date Collection Type                                                                                                                                                                                                                                          | Quantity Synched/Submitted |
| Quantity Payable in Subsequent Invoices                                                                                                                               | Quantity Paid in this Invoice | Invoice Quantity Accepted                                                 | Quantity Rejected by me | IQC and Agreed by me                                                                                                                                                                                                                                          | Invoice Quantity           |
| 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 Name: Union Bank                                         |                         |                                                                                                                                                                                                                                                               |                            |
| Beneficiary Bank Account Number: 583302010012410                                                                                                                      |                               | Beneficiary IFSC Code: UBIN0558838                                        |                         |                                                                                                                                                                                                                                                               |                            |
| E&OE                                                                                                                                                                  |                               |                                                                           |                         |                                                                                                                                                                                                                                                               |                            |

(Signature &amp; Date)

M. Sathwane

Approved by with date

Bill Received On:

Bill Checked &amp; Cleared On:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi-110020                                                                                                                                                                                                                                                                                                                                                                                           |  |
| Executive Name: Saravjith Whishy<br>Mobile No.: 9664541302                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| PIC of the freelancer                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
| This is to certify that _____ 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: 10.6.24 Valid From: 10.6.24 to 25.6.24 Job Fieldwork Location: _____ Mobile No: _____ 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<br>Manorma Sathuvane | Job No: 20240448<br>Job Title: GIBS<br>Fieldwork Location: _____ | Freelancer Code: INXMTVF 2024-0459<br>Reference No: _____<br>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 below and overleaf.  
(A) Fees for Assignment:

| Data Collection Type | Segment - Center | Quantity (Nos) | Rate Rs. (Per Qty) |
|----------------------|------------------|----------------|--------------------|
| Int                  |                  | 33             | 138                |

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:                             | Name of signee: Manorma Sathuvane | Signature: M. Sathuvane |
| Signed in the presence of:        |                                   |                         |
| 1) Witness Name: Saravjith Whishy | Contact number: 9664541302        | Signature: _____        |
| 2) Witness Name: _____            | Contact number: _____             | Signature: _____        |

|                                                                                                                                                                                                                                                             |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| From<br>Name of the Freelancer:- <b>Nandini Brahme</b><br>Address:-<br>Mobile No:- <b>9623034382</b>                                                                                                                                                        |         | <b>BILL</b>                            |           | Customer's Name & Address<br><b>TO : MARKET XCEL DATA MATRIX PVT. LTD.</b><br>204-207, 2nd Floor Ashok Premises, Nicholas Wadi Circle Road, Nicholas Wadi,<br>Near Tiwari Chaiwala, Andheri East Mumbai-400069<br>PAN No.: AAECM5086D<br>Bill No:<br>Date: <b>25/10/23</b><br>Freelancer Code: <b>MXMUMT 2024-0511</b><br>For Commercial Use: |                                         |
| Towards my Charges/Fees against Assignment/stated below:                                                                                                                                                                                                    |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
| Job No: <b>20240448</b><br>Job Title: <b>6165</b>                                                                                                                                                                                                           |         | Original Assignment<br>Number and Date |           | Revised Assignment<br>Number and Date                                                                                                                                                                                                                                                                                                         |                                         |
| Fieldwork Locations:                                                                                                                                                                                                                                        |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
| <b>Fees for Assignment</b>                                                                                                                                                                                                                                  |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
| <b>Data Collection Type &amp; Segment</b>                                                                                                                                                                                                                   |         | Quantity                               | Rate      | Amount                                                                                                                                                                                                                                                                                                                                        |                                         |
| 1- Briefing charges                                                                                                                                                                                                                                         |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
| 2- Recruitment/Contact/Listing                                                                                                                                                                                                                              |         | 22                                     | 138       | 3036                                                                                                                                                                                                                                                                                                                                          |                                         |
| 3- Main interview                                                                                                                                                                                                                                           |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
| 4- Main interview                                                                                                                                                                                                                                           |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
| 5- Moderation/Translation/Transcription/Others (Specify) .....                                                                                                                                                                                              |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
| <b>Other Fees/Charges</b>                                                                                                                                                                                                                                   |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
| Supervision Charges                                                                                                                                                                                                                                         |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
| Executive Name: <b>Santosh Mishra</b><br>EIC Employee ID: Date: Signature:                                                                                                                                                                                  |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
| <b>Totals</b>                                                                                                                                                                                                                                               |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
| A) Fees for Assignment                                                                                                                                                                                                                                      |         | Job No.                                | Task Code | Amount:-                                                                                                                                                                                                                                                                                                                                      |                                         |
| B) Supervision Charges                                                                                                                                                                                                                                      |         |                                        |           | Amount:-                                                                                                                                                                                                                                                                                                                                      |                                         |
| <b>Grand Total (A+B) For Net Payment</b>                                                                                                                                                                                                                    |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
| Rupees in Words:                                                                                                                                                                                                                                            |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
| <b>Summary</b>                                                                                                                                                                                                                                              |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
| Assignment Number                                                                                                                                                                                                                                           | Job No. | Segment                                | Centre    | Date Collection Type                                                                                                                                                                                                                                                                                                                          | Quantity Synced/Submitted               |
|                                                                                                                                                                                                                                                             |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               | IQC and Agreed by me                    |
|                                                                                                                                                                                                                                                             |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               | Accepted Invoice Quantity               |
|                                                                                                                                                                                                                                                             |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               | Quantity Paid/this Invoice              |
|                                                                                                                                                                                                                                                             |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               | Quantity Payable in Subsequent Invoices |
| 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: <b>AmSP82290D</b><br>Beneficiary Bank Account Name: <b>Nandini Brahme</b><br>Beneficiary Bank Name: <b>Bank of Baroda</b><br>Beneficiary IFSC Code: <b>BARB0WA-NNA4</b><br>Beneficiary Bank Account Number: <b>27628100002132</b> |         |                                        |           |                                                                                                                                                                                                                                                                                                                                               |                                         |
| (Signature & Date)<br><b>Nandini</b>                                                                                                                                                                                                                        |         | Approved by with date<br>              |           | Bill Received On:<br>Bill Checked & Cleared On:                                                                                                                                                                                                                                                                                               |                                         |

|                           |                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIC of the freelancer     | <br>17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi-110020 | Executive Name: <u>Samuel Whisker</u><br>Mobile No.: <u>9664541306</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                           |                                                                                                                                                                                                    | This is to certify that _____ 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>10.6.24</u> Valid From: <u>10.6.24</u> to <u>26.6.24</u> Fieldwork Location: _____ Mobile No: <u>9623034382</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>Nandini Brahme</u><br>House Address <u>Brahme</u> | Job No: <u>20240448</u><br>Job Title: <u>Gi65</u><br>Fieldwork Location: _____ | Freelancer Code: <u>XXXXXXXXXX</u><br>Reference No: _____<br>Date: <u>25/10/24</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) |
|----------------------|------------------|----------------|--------------------|
| Im                   |                  | 22             | 3036               |

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:

Name of signee:

Nandini Brahme

Signature:

Nandini

Signed in the presence of:

1) Witness Name:

Samuel Whisker

Contact number:

9664541306

Signature:

2) Witness Name:

Contact number:

Signature:

| From<br>Name of the Freelancer:- <b>Sonu Kholade</b><br>Address:- <b>203/A Shivam Sakal Nalwopara (Ward)</b><br>Mobile No:- <b>882839657</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          | <b>BILL</b>                         |                                    | Customer's Name & Address<br><b>TO : MARKET XCEL DATA MATRIX PVT. LTD.</b><br>204-207, 2nd Floor Ashok Premises, Nicholas Wadi Circle Road, Nicholas Wadi,<br>Near Tiwari Chaiwala, Andheri East Mumbai-400069<br>PAN No.: AAECM5086D<br>Bill No: _____<br>Date: _____<br>Freelancer Code: _____<br>For Commercial Use: _____                                                                                                                                                                               |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|------------------------|-------------------------------------|------------------------------------|-----------------------------|------------|-------------------------------------------------------|--|----|-----|--------------------------------------------|---------------------|--|----|-----|------|---------------------|--|--|--|--|---------------------------------------------------------------|--|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------|--|--|-----------------|--|------------------------|-----------------------------------|--|------------------------|
| Towards my Charges/Fees/Assignment/Assignment/sstated below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                     |                                    | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Job No:</td> <td style="width:20%;">20240448</td> <td style="width:20%;">Original Assignment Number and Date</td> <td style="width:20%;">Revised Assignment Number and Date</td> <td style="width:20%;">Quantity And Amount Payable</td> </tr> <tr> <td>Job Title:</td> <td>GIBS</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="5">Fieldwork Locations: <b>Thane / Mumbai</b></td> </tr> </table> |          | Job No: | 20240448               | Original Assignment Number and Date | Revised Assignment Number and Date | Quantity And Amount Payable | Job Title: | GIBS                                                  |  |    |     | Fieldwork Locations: <b>Thane / Mumbai</b> |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| Job No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 20240448 | Original Assignment Number and Date | Revised Assignment Number and Date | Quantity And Amount Payable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| Job Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GIBS     |                                     |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| Fieldwork Locations: <b>Thane / Mumbai</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                                     |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| Fees for Assignment<br><table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Data Collection Type &amp; Segment</th> <th>Quantity</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td colspan="2">1- Briefing charges</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">2- Recruitment/Contact/Listing</td> <td>13</td> <td>138</td> <td>1794</td> </tr> <tr> <td colspan="2">3- Main interview -</td> <td>10</td> <td>125</td> <td>1250</td> </tr> <tr> <td colspan="2">4- Main interview -</td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">5- Moderation/Translation/Transcription/Others (Specify).....</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |          | Data Collection Type & Segment      |                                    | Quantity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Rate     | Amount  | 1- Briefing charges    |                                     |                                    |                             |            | 2- Recruitment/Contact/Listing                        |  | 13 | 138 | 1794                                       | 3- Main interview - |  | 10 | 125 | 1250 | 4- Main interview - |  |  |  |  | 5- Moderation/Translation/Transcription/Others (Specify)..... |  |  |  |  | Other Fees/Charges<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Supervision Charges</td> <td></td> </tr> <tr> <td colspan="2">Executive Name:</td> <td><b>Saravali Mishra</b></td> </tr> <tr> <td colspan="2">EIC Employee ID: Date: Signature:</td> <td><b>Saravali Mishra</b></td> </tr> </table> |  | Supervision Charges |  |  | Executive Name: |  | <b>Saravali Mishra</b> | EIC Employee ID: Date: Signature: |  | <b>Saravali Mishra</b> |
| Data Collection Type & Segment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          | Quantity                            | Rate                               | Amount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| 1- Briefing charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                     |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| 2- Recruitment/Contact/Listing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          | 13                                  | 138                                | 1794                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| 3- Main interview -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          | 10                                  | 125                                | 1250                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| 4- Main interview -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                     |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| 5- Moderation/Translation/Transcription/Others (Specify).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |                                     |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| Supervision Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          |                                     |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| Executive Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          | <b>Saravali Mishra</b>              |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| EIC Employee ID: Date: Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          | <b>Saravali Mishra</b>              |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| Totals<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">A) Fees for Assignment</td> <td style="width:20%;">Job No.</td> <td style="width:20%;">Task Code</td> <td style="width:20%;">Amount:-</td> <td style="width:20%;"></td> </tr> <tr> <td>B) Supervision Charges</td> <td></td> <td></td> <td>Amount:-</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                               |          | A) Fees for Assignment              | Job No.                            | Task Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amount:- |         | B) Supervision Charges |                                     |                                    | Amount:-                    |            | Grand Total (A+B) For Net Payment<br>Rupees in Words: |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| A) Fees for Assignment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Job No.  | Task Code                           | Amount:-                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| B) Supervision Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |                                     | Amount:-                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| <b>Summary</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                                     |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| 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: <b>KJLRK1457H</b><br>Beneficiary Bank Account Name: <b>Sonu Kholade</b><br>Beneficiary Bank Account Number: <b>970918210660449</b><br>Beneficiary IFSC Code: <b>BKID0009709</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                     |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| E&OE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                     |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |
| Bill Received On: _____<br>Bill Checked & Cleared On: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          | Approved by with date<br>           |                                    | (Signature & Date)<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |         |                        |                                     |                                    |                             |            |                                                       |  |    |     |                                            |                     |  |    |     |      |                     |  |  |  |  |                                                               |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                  |  |                     |  |  |                 |  |                        |                                   |  |                        |

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             |
|---------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| PIC of the Freelancer     | <b>17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi-110020</b><br>Executive Name: <u>Saravali Mishra</u><br>Mobile No.: <u>9664541306</u>                                                                                                                                                                                                                                                                                                                          | <br><b>market xcel</b> |
|                           | This is to certify that _____ 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.: <u>9.6.24</u> Valid From: <u>9.6.24</u> to <u>25.8.24</u> Job Fieldwork Location: <u>Thane</u> Mobile No: <u>882839654</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>Sonu Kholde</u><br>House Address _____<br>Job No: <u>20240448</u><br>Job Title: <u>GIS</u><br>Fieldwork Location: <u>Thane/mumbai</u> | Reference No: _____<br>Date: <u>25/10/2024</u><br><u>MXMUMF 2023-0088</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) |
|----------------------|------------------|----------------|--------------------|
| Int                  | Thane/mumbai     | 23             | 138/12             |

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:

Name of signee:

Signature:

Signed in the presence of:

1) Witness Name:

Contact number:

Signature:

2) Witness Name:

Contact number:

Signature:

| From<br>Name of the Freelancer:- Manda Kohle<br>Address:-<br>Mobile No:- 9372071166                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |         |        |                                                                           |                            | BILL                                                                                 |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|---------|--------|---------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------------|---------------------------|------------------------------------|-----------------------------------------|--|--|-------------------|----------|---------|--------|----------------------|----------------------------|----------------------|---------------------------|---------------------------------|-----------------------------------------|--|--|----------------------|--|--|--|---------------------|--|--|--|----------------------------------------------------------------|--|--|--|
| Customer's Name & Address<br><b>TO : MARKET XCEL DATA MATRIX PVT. LTD.</b><br>204-207, 2nd Floor Ashok Premises, Nicholas Wadi Circle Road, Nicholas Wadi,<br>Near Tiwari Chaiwala, Andheri East Mumbai-400069<br>PAN No.: AAECM5086D                                                                                                                                                                                                                                                                                                                                                                    |          |         |        |                                                                           |                            | For Commercial Use:<br>Bill No:<br>Date: 25/12/24<br>Freelancer Code: MXMUMF2024-058 |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| Towards my Charges/Fees/Assignment/Assigned below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| Job No: 20240448<br>Job Title: Libs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |         |        | Original Assignment Number and Date<br>Revised Assignment Number and Date |                            |                                                                                      |                           | Fieldwork Locations:<br>Job Title: |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| Fees for Assignment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| Data Collection Type & Segment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Quantity</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>1 - Briefing charges</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2 - Recruitment/Contact/Listing</td> <td></td> <td></td> <td></td> </tr> <tr> <td>3 - Main interview -</td> <td></td> <td></td> <td></td> </tr> <tr> <td>4 - Main interview-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>5 - Moderation/Translation/Transcription/Others (Specify).....</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   | Quantity | Rate    | Amount | 1 - Briefing charges |                            |                      |                           | 2 - Recruitment/Contact/Listing |                                         |  |  | 3 - Main interview - |  |  |  | 4 - Main interview- |  |  |  | 5 - Moderation/Translation/Transcription/Others (Specify)..... |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| Executive Name: Sanjay Mishra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| EIC Employee ID: Date: Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| Totals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| A) Fees for Assignment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |         |        | Job No.                                                                   |                            | Task Code                                                                            |                           | Amount:-                           |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| B) Supervision Charges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          |         |        |                                                                           |                            |                                                                                      |                           | Amount:-                           |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| Grand Total (A+B) For Net Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| Rupees in Words:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Assignment Number</th> <th>Job No.</th> <th>Segment</th> <th>Centre</th> <th>Date Collection Type</th> <th>Quantity Synced/ Submitted</th> <th>IOC and Agreed by me</th> <th>Invoice Quantity Accepted</th> <th>Quantity Paid/in this Invoice</th> <th>Quantity Payable in Subsequent Invoices</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>                                                           |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  | Assignment Number | Job No.  | Segment | Centre | Date Collection Type | Quantity Synced/ Submitted | IOC and Agreed by me | Invoice Quantity Accepted | Quantity Paid/in this Invoice   | Quantity Payable in Subsequent Invoices |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| Assignment Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Job No.  | Segment | Centre | Date Collection Type                                                      | Quantity Synced/ Submitted | IOC and Agreed by me                                                                 | Invoice Quantity Accepted | Quantity Paid/in this Invoice      | Quantity Payable in Subsequent Invoices |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| 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: Manda S. Kohle                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| Beneficiary Bank Account Number: 20089069415                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| Beneficiary IFSC Code: MANH5000947                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| Bill Received On:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| Bill Checked & Cleared On:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |         |        |                                                                           |                            |                                                                                      |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |
| Approved by with date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |         |        |                                                                           |                            | (Signature & Date)                                                                   |                           |                                    |                                         |  |  |                   |          |         |        |                      |                            |                      |                           |                                 |                                         |  |  |                      |  |  |  |                     |  |  |  |                                                                |  |  |  |

Signature: *Mandya*

Name of signee: *Mandya Kohli*

Date:

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.

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 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.

| Data Collection Type | Segment - Center | Quantity (Nos) | Rate Rs. (Per Qty) |
|----------------------|------------------|----------------|--------------------|
| <i>Surp</i>          |                  |                |                    |
|                      |                  |                |                    |
|                      |                  |                |                    |

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:

|                                         |                                  |
|-----------------------------------------|----------------------------------|
| Freelancer Name<br><i>Mandya</i>        | House Address<br><i>G. Kohli</i> |
| Job No:<br><i>20240478</i>              | Job Title:<br><i>G.I.B.S</i>     |
| Fieldwork Location:                     |                                  |
| Freelancer Code:<br><i>Mymn12024-05</i> | Reference No:<br><i>25/10/24</i> |
| Date:                                   |                                  |

### Assignment letter

|                       |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PIC of the freelancer | 17, Okhla Industrial Estate Phase III, Okhla Industrial Estate, New Delhi, Delhi-110020<br><i>Samir Mishra</i><br><i>9664541306</i> | This is to certify that _____ 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: <i>10.6.24</i> Valid From: <i>10.6.24</i> to <i>25.6.24</i> Job Fieldwork Location: _____ Mobile No: _____ the specific request of the freelance supplier to facilitate in his/her assignment. |
|                       |                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |