Name of the Freelancer: - Anit Kuban Address: - Secton-H Algay Luckho	.6							
3260912425		ILL						
Customer's Name & Address To: MARKET XCEL DATA MATRIX PVT. LTD.								
ouse No. 151, Sec 20, Near CNS Hospital, Indira Nagar, ucknow - 226016 AN No.: AAECM:5086D			Bill No: 35037 Date: 9 1 5037 Freelancer Code: MX) VO = 2027 - 276					
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PAN Account Number is: ATAPKS345K Inefficiary Bank Account Number: 680010110002693 Beneficiary Bank Account Number: 680010110002693 Beneficiary IFSC Code: GKID 0006800								
(Signature & Date) Bill Received On: Bill Received On: Bill Received On:								

17. Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial PIC of the freelancer Executive Name: Anglue Delhi, Delhi -110020 marketxcel Mobile No. 96 9415475 This is to certify that the kuban registered with us as a freelance supplier for butab conducting interviews and collecting data. He/She has been authorized to collect Market heant Research Data by Market Xcel as per project specific Assignment Letter. Reference No: Date of Issue: 9 12 24 Valid From: 9/2/24 to 15/12/24 Job Fieldwork nation Location 1 Uckbob Mobile No: 9060 Styl F Address: This Authority Card is issued on the specific request of the freelance supplier to facilitate in his/her assignment. lo Rem (Card Holder's Signature) tion, or you on b Assignment letter VOCEDO I Freelancer Name Anit Kuban Freelancer Code MXLVOF 2017 274 Job No: 20241215 ompany is House Address Sectoral Aligary Job Title: Plift Experience Affect Reference No:

Fieldwork Location: F2 F71 Date: 9/12/24 on of win ble vicini Lockh-10 ou will not time, Em ny Labore This has reference to the discussion we had with you regarding the assignment pertaining to the captioned subject matter and explained in Dear Sir/Madam, by you ha 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 General & below and overleaf. nowledge (A) Fees for Assignment: rther your or your said Rate Rs. Quantity Segment - Center Data Collection Type (Per Qty) (Nos) er to you in f demandel 10 Luckhow 110 Welcholo ered by you ein. Howe The above stated assignment will start from 3/2/4 and end on 15/12/24. The completed assignment should be delivered in required Duc Form 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 nonth wat 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 month. 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 view comple 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 y complet CAPI (Ca terms and conditions. in addition ion shall be Signed in the presence of: Date: 9/12/24 1) Witness Name: Police at there at Contact number: Signature: r balance in the Assi 2) Witness Name: ies for the p Signature: Contact number: _ rute, the s Signature: