

	17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi -110020 Executive Name: <u>Kathun Bee</u> Mobile No.: <u>7904173524</u>	PIC of the freelancer   (Card Holder's Signature)
	This is to certify that <u>D. Sukanya</u> registered with us as a freelance supplier for conducting interviews and collecting data. He/She has been authorized to collect Market Research Data by Market Xcel as per project specific Assignment Letter. Reference No: _____ Date of Issue: _____ Valid From: <u>30/7/24</u> to <u>25/10/24</u> Job Fieldwork Location: <u>Chennai</u> Mobile No: <u>9710908097</u> Address: This Authority Card is issued on the specific request of the freelance supplier to facilitate in his/her assignment.	

### Assignment letter

Freelancer Name <u>D. Sukanya</u> House Address <u>18/25, New Street</u> <u>Kannamapet, T. Nagar</u> <u>Chennai-17</u>	Job No: <u>20240796</u> Job Title: <u>CLB Hcm Patient Survey</u> Fieldwork Location: <u>Chennai</u>	Freelancer Code: <u>MXCF2023-007</u> Reference No: _____ Date: _____
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Dear Sir/Madam,  
 This has reference to the discussion we had with you regarding the assignment pertaining to the captioned subject matter and explained in detail at the project briefing which you had attended on.  
 We now offer you fees for the assignment and other associated fees as mentioned hereunder, on the terms and conditions mentioned below and overleaf.  
 (A) Fees for Assignment:

Data Collection Type	Segment - Center	Quantity (Nos)	Rate Rs. (Per Qty)
<u>Quant</u>	<u>cardiologist-Chennai</u>	<u>8</u>	<u>200</u>

The above stated assignment will start from 30/7/24 and end on 25/10/24. 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: 7.11.2024

Name of signee: D. Sukanya

Signature: D. Sukanya

Signed in the presence of:

- Witness Name: A. Kathun Bee  
 Contact number: 7904173524  
 Signature: A. Kathun Bee
- Witness Name: Vijayalakshmi  
 Contact number: 8015840643  
 Signature: Viji



From  
Name of the Freelancer:- Sukanya  
Address:- 18/25, New 1st, Karamapuram, Tirupur  
Mobile No:- 9710968097

## BILL

Customer's Name & Address  
**To : MARKET XCEL DATA MATRIX PVT. LTD.**  
No. 15, 1st Floor, AA Road, Kasturi Bai Gandhi Nagar,  
Perambur, Chennai - 600011  
PAN No.: AAECM5086D

For Commercial Use:

Bill No: 6/11/24  
Date: 6/11/24  
Freelancer Code: MXCF 2023-007

Towards my Charges/Fees against Assignment/stated below:

Job No:	Original Assignment Number and Date	Revised Assignment Number and Date	Quantity And Amount Payable
<u>20240796</u>			
Job Title: <u>CLB-Hcm Patient Journey 2024</u>			
Fieldwork Locations: <u>Chennai</u>			

### Fees for Assignment

Data Collection Type & Segment	Quantity	Rate	Amount
1- Briefing charges			
2- Recruitment/Contact/Listing	<u>8</u>	<u>200</u>	<u>1600</u>
3- Main Interview -			
4- Main interview-			
5- Moderation/Translation/Transcription/Others (Specify).....			

### Other Fees/Charges

Supervision Charges

Executive Name: A. Kathan Bee

EIC Employee ID: MX1795 Date: 6/11/24 Signature: A. Kathan

### Totals

A) Fees for Assignment	Job No.	Task Code	Amount:-
B) Supervision Charges			Amount:-

Grand Total (A+B) For Net Payment

Rupees in Words: 8000 Thousand six hundred only.

### 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
	<u>20240796</u>		<u>Chennai</u>	<u>quest</u>	<u>8</u>	<u>0</u>	<u>8</u>	<u>8</u>	<u>0</u>

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

My PAN Account Number is: CJSPD7794P  
Beneficiary Bank Account Name: D. Sukanya  
Beneficiary Bank Account Number: 20156368636

Beneficiary Bank Name: State Bank of India  
Beneficiary IFSC Code: SBIN0003307

E&OE

D. Sukanya  
7.11.2024

(Signature & Date)

A. Kathan  
6/11/24

Approved by with date

Bill Received On:

Bill Checked & Cleared On: