This is to settle	Mobile No.: 8015640643.	rgana a managina on t
Research Data by M  Date of I  Location: CHENNAS	registered with us as a freelance supplier for and collecting data. He/She has been authorized to collect Market arket Xcel as per project specific Assignment Letter. Reference No: Supplier to Yalid From: 2/1/2 to 7/8/2 Job Fieldwork Mobile No: 9790172494 Address: This Authority Card is issued on the freelance supplier to facilitate in his/her assignment.	Though you are at (con- particulars that may count particulars that may count That you should marchine
		(Card Holder's Signature)

Freelancer Name	ASHWINI	T
House Address		

KARUR MIN

Job No: 20240821 Job Title: SWEET Lanny.

Fieldwork Location: CHENNED

Freelancer Code: mxcf 2023-154 Reference No:

Date: 1/8/24

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)
Qnm	PHARMA - Chennai.	10	200
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The above stated assignment will start from 2/8/34 and end on 7/24/34. 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.

D			

Name of signee:

ASHWANIT Almont

Signature:

## Signed in the presence of:

1) Witness Name: VIJAMALALSHMI. Contact number: 8015b40b43.

6. Vijayalekhi Signature:

2) Witness Name: PAICESH KUMPRESHA. Contact number: 995274 5071.

Signature:

From Name of the Front Address:- Mobile No:-	eelancer:	- As	HWAN	TAT	R,	South	umd	ni (	Heron	n leaver	· - T · r/	
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6	_	-			-	DILL						
Customer's Name & Address  To: MARKET XCEL DATA MATRIX PVT. LTD.  No. 15, 1st Floor. AA Road, Kasturi Bai Gandhi Nagar,						Bill No: 21745 Date: 9/8/2024 mych -2023 - 154						
Perambur , Chennai - PAN No.: AAECM5086	600011		misi tisa			F	pate: 9	[8]	2024	mycet -2	1023 - 15	4
		Toward	ds my Ch	narges/F	eesa	gainst	Assignm	ent/ss	stated b	elow:		
Job No: 20	30 AG	91 .					al Assignm per and Da			sed Assignmer mber and Date	Amo	unt
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2- Recruitment/Contact/Listing						,						
3- Main interview -						10	200	)		2000	1-	
4- Main interview-												
5- Moderation, (Specify)			ription/Ot	hers	-							
Other Fees/Cha	rges											
Supervision Charge	15											
<b>Executive Name</b>				1	E.	VIJ	AYALI	OKS	IMH			
EIC Employee II	D: Date:	Signati	ure: 4/8	124 m	C X	387		1-	Wija	2000,	<u>C</u> ,	
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B) Supervision Char	ges					An	nount:-					
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solemnly declare the infor					true and	d correct to	the best of my	beliefs	and I agree	with all terms and co	inditions.	
My PAN Account Num Beneficiary Bank Acc	ber is: Count Name	PPPF	13861V	a - T			Benefic	iary Ba	ank Nam	E: STATE B	Bank of S	INDS
eneficiary Bank Acco	ount Numb	per: 41	9262	5940	3		Benefic	iary IF	SC Code:	SBINDE	13393.	
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(Signature 8				Approv	ed by	with da	te					
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marketxcel	17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi -110020 Executive Name: VIJAYALAGAMI . E Mobile No.: 80 15 5 40 54 3	PIC of the freelancer
Research Data by A  Date of Location: Chemps	registered with us as a freelance supplier for and collecting data. He/She has been authorized to collect Market Market Xcel as per project specific Assignment Letter. Reference No: Valid From: 1/2/2, to 7/5/3, Job Fieldwork Mobile No: 99575417 Address: This Authority Card is issued on the freelance supplier to facilitate in his/her assignment.	
		(Card Holder's Signature)

## Assignment letter

Freelancer Name House Address	Chem on	Job No: Job Title: SWEET Comms Fieldwork Location: Channon	Reference No: Date: 1/8/24

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)	
n.	PHARMA- Cheman	. `10	60	
Chut		Talling agent his district		

The above stated assignment will start from 2812, and end on .7.181.24. 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:	Signed in the presence of:
	1) Witness Name: E-VITAYALAKShori
Name of signee: Sivarama knishnan. 6	Contact number: 8015 640643
	Signature: U- Wijayalyli
a L Saires.	2) Witness Name: PRICESH LOWING SAM
Signature: 6. Swinz	Contact number: 9952745071
	Signature:

							-				
	SIVAR				an. L	-					
Mobile No:-	899	5751	415	7							
			BIL								
Customer's Name & Address		goli			Comme	rcial U	se:				
To: MARKET XCEL DATA MAT No. 15. 1st Floor, AA Road, Kasturi Bai Gand Perambur, Chennai-600011 PAN No.: AAECM5086D	RIX PVT. L hi Nagar,	TD.	Bill No: 32655 918/24  Freelancer Code: mx CF 8023 -129								
	ds my Charg	ges/Feesa	agains	st As	signme	nt/sst	ated b	elow:			
Job No: 20240821	9001	Original Assignment Number and Date			ent	Revised Assignment Number and Date		Quantity And Amount Payble			
		, ,	12/15			317	100	rayone			
21100	63										
Fees for Assignment	2			The same			97				
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2- Recruitment/Contact/Listing											
3- Main interview -											
4- Main interview-				,							
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Other Fees/Charges		No. of the last									
Supervision Charges			10		60		600.				
Executive Name:		E.	1551	AYI	LAI	SHA	nI.		01014		
EIC Employee ID: Date: Signat	ure:	E. VS	JA	400	DRS	HMI	. m	x 2387	9/8/84		
Totals								600			
A) Fees for Assignemt	Job No.	Task Co	ode	Amo	unt:-						
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		Si	umn	nary	/						
Assignment Number Job No. Segment Centre	Date Collection Type	uantity Synched Submitted	d/ Qua	antity Re	ejectedby eed by me	Invoice (		Quantity Paidinthis Invoice	Quantity Payable in Subsequent Invoices		
2024082 PHARIMA WEN		10		e	)	10	,	10	6		
solemnly declare the information mentioned herei	n (hoth sides of the	e page) is true a	and corre	ect to the	e best of my	/ beliefs a	nd I agree	with all terms and con	ditions.		
My PAN Account Number is: OCA Beneficiary Bank Account Name: Siv Beneficiary Bank Account Number: 4	PS1929	ERISHN	van.	le	Benefic	iary Bar	nk Nam	e: PUNJABI	VATIONAL		
E&OE		•					Bill Re	eceived On:			
b. Sn							Bill Ch	necked & Cleared	On:		
(Signature & Date)	Approved by with date										

F