market <u>x</u> cel	Executive Name Mobile No.:	PIC of the freelancer		
This is to certify that conducting interviews  Research Data by M  Date of Is  Location:	and collecting larket Xcel as possue: 10/01/	registered with us as a data. He/She has been authorizer project specific Assignment Address: This Autholier to facilitate in his/her assignment	reelance supplier for zed to collect Market Letter. Reference No:  Job Fieldwork of ty Card is issued on	
				(Card Holder's Signature)
coally by you on the circle or	Lista Saralquo	Assignment letter		
Freelancer Name 100/	'mara'	Job No: 20240399 Job Title: R 2 1 17191	Freelancer Code:	management of the comment

Freelancer Name AS/19 VAIN	Job No: 20240
Freelancer Name Asharami House Address	Job Title: Bril
ISLK	Fieldwork Location:
the victional designation by the little structure	201

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)	
H.H	·Boyollore	25	100	
me and evaluate thereon't fow ever, the		The deposit of your last the last to the last th	Company shall	

The above stated assignment will start from 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.

Signature: Asharun

Signed in the presence of:

1) Witness Name:

Contact number:

Signature:

2) Witness Name:

Contact number:

Signature:

Control and the Control of the Contr			NAME OF TAXABLE PARTY.	AND RESIDENCE PROPERTY.	NAME AND POST OFFICE ADDRESS OF	ALL DESCRIPTION OF THE PARTY OF	DOCUMENT OF THE PARTY OF THE PA	
Name of the Freelancer:- Address:- BLA Mobile No:- 86605384	shar	on;	tensta					
2000,000	1	В	ILL	Syllbil				A 1 100 May 1
Customer's Name & Address To: MARKET XCEL DATA MATE	TD.	For Commercial Use:						
No. 135/1, 2nd Floor, Lal Bagh Road, Old Miss Opposite Garuda Maruti Showroom, Bangalore PAN No.: AAECM5086D Ph.: +91-80-40878320	<b>a</b> ,	Bill No: Date: 12019 Freelancer Code:						
Toward	s my Char	ges/Feesag	ainst As	signmen	t/sstat	ed be	low:	I American de American de la Companya de la Company
Job No: 20240394			Original Assignment Number and Date			Revised Assignment Number and Date		Quantity And Amount Payble
Job Title: Brill	ion		0	0				
Fieldwork Locations:				/				
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Data Collection Type & Segment		Q	uantity	Rate		Amount		
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2- Recruitment/Contact/Listing			0	1 h	0	grant-		1_
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Other Fees/Charges								
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Executive Name: Keve		1000	1			X		INTAK
EIC Employee ID: Date: Signat	ure: V	Mas.	11			W.	,	10/0
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A) Fees for Assignemt	Job No.	Task Cod						
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Summary								
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01 2024 H.H. BLQ	Rexit	25	7		9	5	25	25
I solemnly declare the information mentioned herei	n (both sides of	the page) is true an	nd correct to t	he best of my	y beliefs ar	nd I agree	with all terms and con	nditions.
My PAN Account Number is:  Beneficiary Bank Account Name:	2han	rani		Donofie	olam, Dav	de Mana	1100	( >
Beneficiary Bank Account Name:	SUCUI				ciary Bar		( ) ( )	- de al
Beneficiary Bank Account Number:	23101	11nm/	1-11	Benefic	ciary IFS	C Code:	H D70	ocisci(
E&OE UT	1100	1000	1001			D.111.5		
0	-	`	1	/		BIII Re	eceived On:	
Asharani. Trats 9 1 Bill					Bill Checked & Cleared On:			
(Signature & Date)	y with dat	ith date						