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From Munist XCel Name of the Freelancer:- Hel Address:- 195, Sayay Mobile No:-	Docta M nec Sor Candh	reshir meshi Na	par, P	· Li	rd. Roc	ed,	Vile Pan	LE, Mum-	
977-374	-4-930	E	BILL			12			
	(4)			Commerc	cial Use				
Customer's Name & Address To: MARKET XCEL DATA MATR	IX PVT. LTD.	X 10.11	- 15 1.75			9216 °			
204-207, 2nd Floor Ashok Premises, Nicholas Near Tiwari Chaiwala, Andheri East Mumbai-40 PAN No.: AAECM5086D		Bill No: 3 4 4 8 8 Date: Freelancer Code:							
Towards	my Charges	/Feesag	jainst As	signmer	nt/sstat	ed be	low:	e e e e e e e e e e e e e e e e e e e	
Job No: 2025034		Original Assignment Number and Date			Revised Assignment Number and Date		Quantity And Amount		
lob Title: Ret Positiv							Payble		
Fieldwork Locations: Mumb			feizilis -		//			1 3*1 1 WF	
Fees for Assignment			P D		-			12 116142	
Data Collection Type & Segment	ata Collection Type & Segment			Rate	An		Amoun	t	
1- Briefing charges			3						
2- Recruitment/Contact/Listing					-				
3- Main interview -			04	200		800 /-		21	
4- Main interview-									
5- Moderation/Translation/Transcr (Specify)	iption/Others							e l	
Other Fees/Charges									
Supervision Charges	0.1								
Executive Name: Madha	- 7	an.							
EIC Employee ID: Date: Signatu	ire: Ho	dan							
Totals									
A) Fees for Assignemt	Job No.	Task Cod							
	20290346		8001-						
3) Supervision Charges		Amount:-							
A 8		Grand	Total (A+B) Fo	r Net F	ayme	ent		
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Assignment Number Job No. Segment Centre	1 (431641340111	tity Synched ubmitted		Rejectedby preed by me	Invoice 0 Accep		Quantity Paidinthis Invoice	Quantity Payable in Subsequent Invoices	
Dersout Quant min	oulive	04		_	oL	H			
I solemnly declare the information mentioned herein My PAN Account Number is:		g F mest	war.	Benefic		ık Nam	e: Sarasi	wat Bank	
Heenes tilo3/20		18.	idlan	an 3/05/2025			Bill Received On:		
(Signature & Date)	A			with date			Bill Checked & Cleared On:		

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market <u>x</u> cel	-	dustrial Estate Phase 3 Estate, New Dene: Meddlavi 181974	ial PIC	PIC of the freelancer			
Research Data by MDate of Location Mumb cu	Heence s and collecting farket Xcel as ssue: 11/3/ Mobile No. 9:	Some Surfegistered g data. He/She has per project specific Y Valid From: 11. 17.37 449800 Address pplier to facilitate in his/	with us as a freeland been authorized to Assignment Letter. To 18 4-12 ess: This Authority C.	melle of 11-d-	4	· c	
L material to a surface of the surfa					(Card H	older's Signature	
		Assignm	ent letter				
Freelancer Name Hee House Address Son 195-Sanjay. Nagar: Neh Vile Parle (E)	Gandli re Road	Job No: 2025 6 Job Title: Ret Po Fieldwork Location:	03/202s-				
Dear Sir/Madam, This has reference to the di detail at the project briefing We now offer you fees for below and overleaf. (A) Fees for Assignment: Data Collection Ty	the assignment a		s mentioned hereunde	r, on the terms ar			
1.							
ouline		guant-	Mumba		400	200	
The above stated assignmer numbers/quantity through the that data collected in the devas communicated at the aboassignment in part/full with freelancer, and you are free permanent/temporary employethout showing any reason to the collection of the	ice is sent directly ve stated briefing out any further to pursue any o yment in the Con- hereof.	y into the secured server. I is Non-Compliance of agreeference/intimation to you ther vocation of your chapany shall be entertained	The device location sho eed schedule may resu ou. This is not an empoice or work for any of in future. The Compar	ete quantity and ould be always in all tin non-accepta loyment but menother person, and my reserves its rig.	data be synce active and GI nce and may rely an assign that no requite to terminat	d on daily basis and the captured live to rejection of the capture as the capture	
solemnly declare the informerms and conditions.		herein (both sides of the p	age) is true and correct	to the best of my b	peliefs and I a	gree with all	
Date: 11/03/202	5		Signed in	the presence of	ſ:		
Name of signee: Heen		melhusar	1) Witnes	s Name: M	cedhavi	Bidlan	
<i>f</i> (0	- 100	Contact number: 9				+8718	
			Signatu		uside	m	
Signature: Heeke			2) Witness	s Name:			
			Contact	number:			

Signature: