

 marketxcel	17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi - 110020 Executive Name: <u>Smriti G</u> Mobile No.: <u>9449669097</u>	PIC of the freelancer (Card Holder's Signature)
	This is to certify that <u>mamathu k.m</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: <u>12146</u> Date of Issue: <u>25/7/2024</u> Valid From: <u>25/7/2024</u> to <u>14/9/2024</u> Location: <u>Blore</u> Mobile No: <u>9738349508</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>mamathu k.m</u> House Address: <u>withan 4th floor Bangalore</u>	Job No: <u>20240796</u> Job Title: <u>GLB HCM</u> Fieldwork Location: <u>Bangalore Patient Journey</u>	Freelancer Code: <u>MYBAMF</u> Reference No: <u>2023-056</u> Date: <u>16/9/2024</u>
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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)
Pharma	Pharma - Bangalore	01	200

The above stated assignment will start from 26/7/2024 and end on 14/9/2024. 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: 16/9/2024

Name of signee: mamathu k.m

Signature: [Signature]

Signed in the presence of:

1) Witness Name: Prathibha . M
 Contact number: 7483312433
 Signature: [Signature]
 2) Witness Name: Smriti G
 Contact number: 9449669097
 Signature: [Signature]

Name of the Freelancer:-
Address:-
Mobile No:-

Mamatha K.M
Wilson Garden, Bangalore
973 8349 500

BILL

Customer's Name & Address

To : MARKET XCEL DATA MATRIX PVT. LTD.
No. 135/1, 2nd Floor, Lal Bagh Road, Old Mission Compound,
Opposite Garuda Maruti Showroom, Bangalore - 560027
PAN No.: AAECM5086D
Ph.: +91-80-40878320

For Commercial Use:

Bill No:

Date: 16/9/2024

Freelancer Code:

12146

MXBANF 2023-056

Towards my Charges/Fees against Assignment/stated below:

Job No:	Original Assignment Number and Date	Revised Assignment Number and Date	Quantity And Amount Payable
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20240796			
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Job Title:	GLB-HCM Patient Journey
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Fieldwork Locations:	Bangalore
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Data Collection Type & Segment	Quantity	Rate	Amount
1- Briefing charges			
2- Recruitment/Contact/Listing			
3- Main interview -	01	200	200
4- Main interview-			
5- Moderation/Translation/Transcription/Others (Specify).....			

Other Fees/Charges

Supervision Charges

Executive Name: Smritha

EIC Employee ID: Date: Signature: MX970 16/9/2024 g.Smitha

Totals

A) Fees for Assignemt	Job No.	Task Code	Amount:-
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20240796

B) Supervision Charges	Amount:-
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Grand Total (A+B) For Net Payment

Rupees in Words: Two Hundred Rupees only.

Summary

Assignment Number	Job No.	Segment	Centre	Date Collection Type	Quantity Synched/ Submitted	Quantity Rejectedby IQC and Agreed by me	Invoice Quantity Accepted	Quantity Paidinthis Invoice	Quantity Payable in Subsequent Invoices
01	20240796	Phar	Blore	Pharma	Synced	Agreed	Accepted		

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:

Beneficiary Bank Account Name:

Beneficiary Bank Account Number:

E&OE

ASSPM 2360D
Mamatha K.M
20370396556

Beneficiary Bank Name:

Beneficiary IFSC Code:

State Bank of India
SBIN001778

Mamatha K.M

(Signature & Date)

Prashanth N

Approved by with date

Bill Received On:

Bill Checked & Cleared On: