marke xcel	Modelle No. attilled LL 909+	PIC of the freelancer
Research Data by N	registered with us as a freelance supplier for and collecting data. He/She has been authorized to collect Market larket Xon as per project specify Associated Letter. Reference No: Valid From Address. This Authority Card is issued on the freelance supplier to facilitate in his/her assignment.	
the specific request of t	he freelance supplier to racintate	(Card Holder's Signature

Assignment letter

Freelancer Name Mamatha House Address 1976 on Garden Bangaloke	Job No: 20241172 L Job Title: Digita Tieldwork Location: Bangalore	Freelancer Code: Reference No: MXBAL Date: 30 12 2024	056.

This has reference to the discussion we had with you regarding the assignment pertaining to the captioned subject matter and explained in

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)
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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: 30/12/8024
Name of signee: Mamatha Kim
Signature: Mahale: M

Signed in the presence of:

1) Witness Name:

Contact number

Signature: 2) Witness Name:

Contact number

Signature:

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