This is to certify that Kolyan by Cash 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:	1 yard 8 vh
Location: VIN 919 Mobile No: 9007403939 Address: This Authority Card is issued on the specific request of the freelance supplier to facilitate in his/her assignment.	bet
Assignment letter	(Card Holder's Signature)

Freelancer Name KALYAN KR GHO	\$ 40b No: 20 24 1111
House Address 130 10 B. S. Roed Behala KOZ-34	Job Title: OLYMPIA HOVEMBER24 Fieldwork Location: KOLKATA

Freelancer Code: MAKOUF 2023-0064

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)
Offline.	Kolkata.	5	300/

The above stated assignment will start from M 11/20 and end on 10/11/20 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: 411/2024.	Signed in the presence of:
Name of signee: KALYAN KR GHOSH	1) Witness Name: Dipankan Bass
	Contact number: 9830603916
	Signature: D. Bazu
Signature: 0 0 0 1.84 oct.	2) Witness Name: Routeurg Saskon
Signature: bely and souls	Contact number: 983042499
*	Signature:

Name of the Freelancer:- KALY A-Address:- 130/10 3 -S - Ro Mobile No:- 96	N KR BHI ad. Behels 107403935	05 H 0 - KS	1-2	, 4			
		BIL	L				
Customer's Name & Address To: MARKET XCEL DATA MATRIX PVT. LTD.			For Commercial Use:				
P-36 Ground Floor, Gariahat Road, South Dhakuria, [Near Dhakuria Electricit Distribution Station (CESC), Kolkata-700031 PAN No.: AAECM5086D			Bill No: 24872 25 11 2024 Date: Freelancer Code: MXKOLF 20 23 - 0003 against Assignment/sstated below:				3-0004
Towards m	y Charges/Fees	agains	St AS	signment	sstated bei	ow:	
Job No: 20241111			Original Assignme Number and Date		STATISTICS OF THE STATISTICS O	d Assignment er and Date	Quantity And Amount Payble
Job Title: OLYMPIA NA	OVEMBER 24	5		4/11/2	5	1914	1/2024
Fieldwork Locations: KOKAT							
Fees for Assignment				Date		Amount	
Data Collection Type & Segment		Quan	tity	Rate		Amount	
1- Briefing charges				Smm		15001	
2- Recruitment/Contact/Listing		5		300		1500	
3- Main interview -							
4- Main interview-							
5- Moderation/Translation/Transcript (Specify)	ion/Others						
Other Fees/Charges							
Supervision Charges	00000	10	7	A-S U			
Executive Name:	1 PANKA	210	0_ 7	D- 631	A-617		
EIC Employee ID: Date: Signature	111	217		0.00	100		
Totals	b No. Task (Code	TAmo	ount:-			
A) Fees for Assignernt Jo	D NO.		-				
D) Commission Changes			Amo	ount:			
B) Supervision Charges	Cha	ad Te			Net Payme	nt .	
	(Lan)					1.	
Rupees in Words:	sound t	ive	+1	rude	la un	rig.	
8	Ç	Sum	mai	У			
Assignment Number Job No. Segment Centre	Date Collection Type Quantity Sync Submitted			Rejectedby greed by me	Invoice Quantity Accepted	Quantity Paidinthis Invoice	Quantity Payable in Subsequent Invoices
20/11/ dans kelker	efflir 5		C)	5	5	5
I solemnly declare the information mentioned herein (S) My PAN Account Number is: A-C, R Beneficiary Bank Account Name: LA-V Beneficiary Bank Account Number 912 E&OE	ooth sides of the page) is tr PB 4417 G VAN KUMA	561	40.5	₩ Benefic	iary Bank Nam	e: AXIS G	nditions. BANK 500 721
ledy and Swest (Signature & Date) - 5/11/20	Dipour Approve	Nar ed by w	(B	022 to 25/11	Bill R Bill C	eceived On: hecked & Cleare	d On:

From