market xcel	Mobile No.:	PIC of the freelancer	
Location: Chenn	Paul Andrew registered with us as a freelance supplier for and collecting data. He/She has been authorized to collect Market larket Xcel as per project specific Assignment Letter. Reference No: ssue: 01-05-21 Valid From: 10-5-21 to 10-8-24 lob Fieldwork Mobile No: 90032047 Address: This Authority Card is issued on the freelance supplier to facilitate in his/her assignment.		

(Card Holder's Signature)

## Assignment letter

Freelancer Name Paul Arockiary House Address	Job Title: GIBS 2024 India	Freelancer Code: MACF2023-01 Reference No: Date: 04		
Villupura m	Chennai	Date: 26-10-2024		

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)
Quart	Household - cherral	२०	138-00

The above stated assignment will start from 10-5-21 and end on ... 10... 21 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: 26. 10.20 24

Name of signee:

Paul Andiaraj

Signature:

Signed in the presence of:

1) Witness Name: Mo Contact number: 9500,507

Signature:

2) Witness Name:

Contact number:

Signature:

Name of the Freelancer:- Pow Address:- Villepuo m Mobile No:- 9003201	I Am clei aneig						
Mobile No: 900 2201	1784						
		BILI	L				
	eci	1615	For Comm	nercia	I Use:		
Customer's Name & Address To: MARKET XCEL DATA MATE No. 15. 1st Floor. AA Road, Kasturi Bai Gandh Perambur, Chennai-600011 PAN No.: AAECM5086D	Bill No: 32573 2024  Date: 26-70-2024  Freelancer Code: MxCF2023-034						
	Charges/Fees	agains	t Assignr	nent/s	sstated be	low:	9 000 000
Job No:			Original Assignmen Number and Date		Revise	d Assignment per and Date	Quantity And Amount Payble
2,240440	typ from the data of	0 0) 0	Const Of S	10 / 19	orize Maris	Maximum aday ami	
Job Title: CAIRS 202	4 India		THE STATE OF	HUDE	Ja Xai Mus	made especia	D. Harrison
Fieldwork Locations:	and the second			Indiana	Para One da	of southern for	m bisquara
Fees for Assignment	- CONTRACTOR SERVICE	Quan	tity R	ate		Amount	
Data Collection Type & Segment		Quan	,				
1- Briefing charges							
2- Recruitment/Contact/Listing		20	12	e	2	2760/-	
3- Main interview -		-				1	
4- Main interview-							
5- Moderation/Translation/Transc (Specify)	ription/Others						
Other Fees/Charges							
Supervision Charges	mad Jaffe	al.	,		-		
EXECUTIVE Name: Mobio	mad Julie	,	1.00	an	7	26/00/20	24
	ure.				, ,	2760	
Totals	Job No. Task (	Code	Amount:-				
A) Fees for Assignemt	300 110						
			Amount:-				
B) Supervision Charges	Gra	nd Tot	al (A+B)	For N	Net Payme	ent	
Rupees in Words: Two two	mad Seven	mad	March 6	SIX	ty on	4	
	5	Sumr	nary				
Assignment Number Job No. Segment Centre	Type Submittee	The second secon	antity Rejected and Agreed by		Accepted	Quantity Paidinthis Invoice	Quantity Payable in Subsequent Invoices
20248 Quat don	Howhold 20				20	20	0
I solemnly declare the information mentioned here	in (both sides of the page) is tru	ue and corr	rect to the best	of my be	eliefs and I agree	with all terms and cor	nditions.
My PAN Account Number is:  Beneficiary Bank Account Name:	ul Arockiar	cy	Bei	neficia	ry Bank Nam	e: State !	Sent & Indi
Beneficiary Bank Account Number: 2	0111414207	/	Bei	петісіа	ry irSC Code	SBINDO	00999
E&OE					1		
	W1.N	w	7 200	wk	2-24	eceived On: hecked & Cleared	d On:
(Signature & Date)	Approve	ed by wit	th date				