

marketxcel	17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi -110020 Executive Name: <u>Gautam Sarkar</u> Mobile No.: <u>9903858033</u>	PIC of the freelancer <u>Sahabun Nesa</u> (Card Holder's Signature)
	This is to certify that <u>SAHEBUN NESA</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>MXKOLF2024-0372</u> Date of Issue: <u>21.1.25</u> Valid From: <u>3.1.25</u> to <u>12.1.25</u> Job Fieldwork Location: <u>KOLKATA</u> Mobile No: <u>8584940661</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>SAHEBUN NESA</u> House Address <u>19/c, Hossain Shah Rd. Kol-23</u> PIN NO - <u>700023</u>	Job No: <u>202412114</u> Job Title: <u>DIAPERCARE Q424</u> Fieldwork Location: <u>KOLKATA</u>	Freelancer Code: <u>MXKOLF2024-0372</u> Reference No: Date: <u>21/01/25</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)
CF LINE	MQ - W.B.	46	70

The above stated assignment will start from 21/01/25 and end on 12/1/25. 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: 14.1.25

Name of signee: Sahabun Nesa

Signature: [Signature]

Signed in the presence of:

1) Witness Name: Gautam Sarkar
Contact number: 9830824901
Signature: [Signature]
2) Witness Name: Pam F Ghosh
Contact number: 9674477669
Signature: [Signature]

the Freelancer:- SAHE BUN NESA
:- 19/C, HOSSAIN SHAH RD - KOL-23
No:- 8584940661

BILL

Customer's Name & Address
To : MARKET XCEL DATA MATRIX PVT. LTD.
P-36 Ground Floor, Gariahat Road, South Dhakuria, Near Dhakuria Electric
Distribution Station (CESC), Kolkata-700031
PAN No.: AAECM5086D
Ph.: +91-033-40076389

For Commercial Use:

Bill No:

Date:

Freelancer Code: **MXKOLF-2024-0372**

Towards my Charges/Fees against Assignment/stated below:

Job No:	Original Assignment Number and Date	Revised Assignment Number and Date	Quantity And Amount Payble
202412114	02/01/25		
Job Title: DIAPER CARE Q424			

Fieldwork Locations:

Fees for Assignment

Data Collection Type & Segment	Quantity	Rate	Amount
1- Briefing charges			
2- Recruitment/Contact/Listing			
3- Main interview -			
4- Main interview-	46	₹ 0	3220/-
5- Moderation/Translation/Transcription/Others (Specify).....			

Other Fees/Charges

Supervision Charges

Executive Name: **GAUTAM SARKAR**

EIC Employee ID: **MX2097**

Totals

A) Fees for Assignemt

Job No.

Task Code

Amount:-

202412114

Amount:-

B) Supervision Charges

Grand Total (A+B) For Net Payment

Rupees in Words:

Three thousand two hundred and twenty 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
	2024 12114	HH	WB	OF LINE	46	0	46	46	46

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: **AKLPNT430J**

Beneficiary Bank Account Name: **SAHE BUN NESA**

Beneficiary Bank Account Number: **363202010005062**

Beneficiary Bank Name: **UNION BANK**

Beneficiary IFSC Code: **UBIN0536326**

E&OE

(Signature & Date)

Approved by with date

Bill Received On:

Bill Checked & Cleared On: