

From  
Name of the Freelancer:- PAUL AROCKIARAJ .A  
Address:- 3/74, Madha Kovil Street, Villupuram  
Mobile No:- 900 32 04 784

## BILL

Customer's Name & Address

To : MARKET XCEL DATA MATRIX PVT. LTD.

No. 15, 1st Floor, AA Road, Kasturi Bai Gandhi Nagar,

Perambur, Chennai-600011

PAN No.: AAECM5086D

For Commercial Use:

Bill No:

32552

Date:

23-07-2024

Freelancer Code:

MXCF2023-034

Towards my Charges/Fees against Assignment/s stated below:

| Job No: | Original Assignment Number and Date | Revised Assignment Number and Date | Quantity And Amount Payable |
|---------|-------------------------------------|------------------------------------|-----------------------------|
|---------|-------------------------------------|------------------------------------|-----------------------------|

Job Title: Shingles HCP A.T.U

Fieldwork Locations: Chennai

### Fees for Assignment

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

### Other Fees/Charges

| Supervision Charges | 65 | 15 | 975 |
|---------------------|----|----|-----|
|---------------------|----|----|-----|

Executive Name: Mohamad Jafferah

EIC Employee ID: Date: Signature: Mx 2382 - 23-07-2024

M. Nany  
975

### Totals

|                        |         |           |          |
|------------------------|---------|-----------|----------|
| A) Fees for Assignemt  | Job No. | Task Code | Amount:- |
|                        |         |           |          |
| B) Supervision Charges |         |           | Amount:- |

Grand Total (A+B) For Net Payment

Rupees in Words: Nine hundred and Seventy Five 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 Paid in this Invoice | Quantity Payable in Subsequent Invoices |
|-------------------|-----------|---------|---------|----------------------|-----------------------------|--|---------------------------|-------------------------------|---|
|                   | 202405112 | phar    | chennai | quant                | 65                          | 0  | 65                        | 65                            | 0                                       |

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: PAUL AROCKIARAJ .A

Beneficiary Bank Account Number: 2011419507

Beneficiary Bank Name: SBI

Beneficiary IFSC Code: SBIN0000949

E&OE


Paulraj 23/7/24  
(Signature & Date)

Approved by with date

Bill Received On:

Bill Checked & Cleared On:



|  |   |  |
|--|---|--|
|  | <b>17, Okhla Industrial Estate Phase 3 Rd, Okhla Phase III, Okhla Industrial Estate, New Delhi, Delhi -110020</b><br>Executive Name: <u>Mohamad Jaffer ali</u><br>Mobile No.: <u>9500507313</u>   | <b>PIC of the freelancer</b><br><br><br> |
|  | This is to certify that <u>Paul Arockiaraj</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: _____<br>Date of Issue: _____ Valid From: <u>24/5/24</u> to <u>24/6/24</u> Job Fieldwork Location: <u>Chennai</u> Mobile No: <u>90032 04784</u> Address: This Authority Card is issued on the specific request of the freelance supplier to facilitate in his/her assignment. |  |
|  |   | (Card Holder's Signature)                |

### Assignment letter

|  |  |   |
|--|--|---|
| Freelancer Name <u>Paul Arockiaraj</u><br>House Address <u>3/74, Madhankovil Street Villupuram Chennai</u> | Job No: <u>202405112</u><br>Job Title: <u>Shingles HCP ATU</u><br>Fieldwork Location: <u>Chennai</u> | Freelancer Code: <u>MXCF 2023-034</u><br>Reference No:<br>Date: <u>22-05-2024</u> |
|--|--|---|

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) |
|----------------------|-----------------------|----------------|--------------------|
| <u>Quant</u>         | <u>Pharma Chennai</u> | <u>65</u>      | <u>15</u>          |
|                      |                       |                |                    |

The above stated assignment will start from \_\_\_\_\_ and end on \_\_\_\_\_. 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:

Name of signee:

Paul Arockiaraj

Signature:

Paulraj

Signed in the presence of:

1) Witness Name: Mohamad Jaffer ali

Contact number: 9500507313

Signature: M. Nany

2) Witness Name: Rakesh Kumar Sah

Contact number: 99527-45071

Signature: [Signature]