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Freelancer Name Fradows Subedor House Address 353, RHO6 Ram Norradir, Maryor Ngr Chathapper	Job No: 20 240 384 Job Title: ID Research. Fieldwork Location: Mubai	Freelancer Code: MX MV MF 2023 - 38. Reference No: Date: 11/11/24
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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)
online	DDI Mubaj	10	250

The above stated assignment will start from 12 3 and end on 36/6.... 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 hat 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 s communicated at the above stated briefing. Non-Compliance of agreed schedule may result in non-acceptance and may to rejection of the ssignment in part/full without any further reference/intimation to you. This is not an employment but merely an assignment to you as a reclancer, 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 ermanent/temporary employment in the Company shall be entertained in future. The Company reserves its right to terminate your assignment vithout showing any reason thereof.

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 arms and conditions.

Date: 11/11/2024.		Signed in the preser	nce of:
Name of signee: Firelow	Subedor.		Abhishele. Choren.
		Contact number:	8928286122
Firdow		Signature:	Abhyleles
Signature:		2) Witness Name:	
		Contact number:	
		Signature:	
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