market <u>x</u> cel	17, Okhla Industrial Estate Phase J Rd, Okhla Phase III, Okhla Industrial Executive Name: State, New Delhi, Delhi -110020 Mobile No.: 9 100000000000000000000000000000000000	PIC of the freelancer	
Research Data by M. Location:	Sregistered with us as a freelance supplier for and collecting data. He/She has been authorized to collect Market arket Xoel is not project specific Assumption Letter. Reference Not usually following the Mobile No: 10 10 10 10 10 10 10 10 10 10 10 10 10		
		(Card Holder's Signature)	

Assignment letter

JOB NO: 202410108

Date: 30/12/202

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)
Pharma	pharma-Bangalore	45	150

The above stated assignment will start from and end or the data collection task in 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: 30/12/2024
Name of signee: Sheeba'S

Signed in the presence of:

1) Witness Name:

Contact number

Signature:

2) Witness Name:

Contact number:

Signature:

From Name of the Freelancer: - Signature of the Freelancer: -	eba palya 91292	Ba	ngo	alore		
Curtomer's Name & Address	11 & 10	BI	LL For C	ommercial Us	e:	
Customer's Name & Address To: MARKET XCEL DATA Matrix PVI	LTD.		,	orining and the		en agreen the Ball State of
			Bill No Date: Freela	30] la	12024 15 2024-1	44
Tow	ards my Charges/f	Fees agai	nstAss	ignment/s st	ated below:	
Job No: 202410108			inal Assignment	nment	Revised Assignment Number and Date	Quantity and Amount Payable
Job Title: Dux Cale	noclass	us (3100	RW16	是	
Fieldwork Locations: Manager	rove		GARAGE A			
Fees for Assignment U		0	antity	Rate	Amount	
Data Collection Type & Segment	CARLES AND ENTREE OF THE PARTY	Qu	iditity			A A CONTRACTOR OF THE CONTRACT
1- Briefing charges 2- Recruitment/Contact/Listing						
3- Main interview -	3 381 1 (7/2 - 8)	4	5	150	6450	
4- Main interview-					2 2 3	
5- Moderation/Translation	/Transcription/Otl	hers				do en cario en esta
(Specify)					State of Sta	50 00 00 00 00 00 00 00 00 00 00 00 00 0
Suponticion Charges						
Executive Name: Smul	ha.G		2 51	10/0	0 90	ella
EIC Employee ID: Date: Signature:	MX97	0	30	da	1 / J. om	20-
Totals	- 1 2 - A1-	Task Cod	e Amo	unt: -	<0 V	
A) Fees for Assignment	30P NO DSH10108	lask cou				
B) Supervision Charges	Jacque		Amo	unt: -		A PROPERTY OF THE PARTY OF THE
		Gr	and Tota	al (A + B) for	Net Payment /	9.
Rupees in Words:	howan	rat,	Sei	ien f	Amared	& fifty
		Sum	mary	1		cheg
Assignment Number Job No S	egment Centre	Data Collection Type	Quant Syncho Submit	ed/ by IQC	Invoice Quantity Paid in Earlier Invoices	Quantity Paid in this Invoices Quantity Payable in Subsequent Invoices
of gozylop	hampase	phorm	sync	by me	Acepted	
elemnly declare the information mentioned	herein (both sides of th	ne page) is tr	rue and co	orrect to the best	of my beliefs and I agree with	n all terms and conditions.
My PAN Account Number is: Beneficiary Bank Account Name.	GEPS6	384 C	Benef	iciary Bank N	lame: Cana	na Bank 1010456
eneficiary Bank Account Number	76526	BOOK	a Benefi	ciary IFSC Co	ode: CNRBC	010456
Shad	Ţ		h	held	Bill Received O	n:
(Signature & Date)		Approved	by with	date	Bill Checked &	Cleared On: