길링 통하하다 모양하다									集	
From Name of the Freelancer:- Sam Address:- 1100, Bhag189 Mobile No:- 913183220	tosh Dev thpura	da							27 27 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
1131632		E	3ILL							
Customer's Name & Address To: MARKET XCEL DATA MATRIX PVT. LTD. 13/1, Old 7/1, 1st Floor, Pardeshipura, Opposite Shiv Dham Mandir, Indore - 452003 PAN No.: AAECM5086D				For Commercial Use: Bill No: 22569 Date: 1418724 Freelancer Code: MX1ND2023-092						
Toward	ls my Charge	s/Feesag	jalnst	Ass	signmen	t/sstate	d bel	ow:		
Job No: 20240924				Original Assignment Number and Date			evised Numb	Quantity And Amount Payble		
Job Title: Brand Heath Study Tade										
Fieldwork Locations: Bhopa	l O may an	311	1, 1,		1 - 47 - 1 -	St. High	Fan H			
Fees for Assignment					Rate			Amount		
Data Collection Type & Segment				Quantity			Amount			
1- Briefing charges				250		_	200			
2- Recruitment/Contact/Listing			26		55	_	1430			
3- Main interview -				-	40		720			
4- Main interview-			18		90		7 23			
5- Moderation/Translation/Translation/(Specify)	cription/Others				g 1					
Other Fees/Charges				_						
Supervision Charges										
Executive Name: Amrites			Ω	2010	h-9					
EIC Employee ID: Date: Signat	ure: (Y\X)	2383	> 41	1110	<u> </u>					
Totals				Code Amount:- 2400						
A) Fees for Assignemt Job No. Task			Code Amount.							
				A						
3) Supervision Charges		Amount:-								
	Grand	and rotal (re-)								
Rupees in Words: Two Tho	prozu	Four	hu	M	dered	K	1Pc	ಲ		
		Sı	ımm	nar	ν		·			
Assignment Job No. Segment Centre	Collection	antity Synched	1/ Quar	uantity Rejectedby C and Agreed by me		Invoice Quantity Accepted		Quantity Paidinthis Invoice	Quantity Payable in Subsequent Invoices	
Number	Type									
solemnly declare the information mentioned here	in that haides of the	nage) is true a	and correc	ct to t	he best of m	y beliefs ar	d I agree	with all terms and co	nditions.	
I solemnly declare the information mentioned here My PAN Account Number is: Beneficiary Bank Account Name: Sar Beneficiary Bank Account Number:	ntosh De	nda			Benefic	ciary Bar	ık Nam	e: CANAR CNRBOO	A BANC	
Deficiency bank Account Number. 7										
E&OE								Bill Received On:		
Soutosh Ami				mag 15/10/24				Bill Checked & Cleared On:		
(Signature & Date) Approve				ed by with date						