|    | From<br>Name of the Freelancer:-<br>Address:-<br>Mobile No:-   | Shanbay<br>molabput<br>900092   | 1                          | 1   |            |   |                                  |  |  |  |  |
|----|--|---------------------------------|----------------------------|---|------------|---|----------------------------------|--|--|--|--|
|    |  |                                 | BI                         | /   |            |   |                                  |  |  |  |  |
|    | Customeric Name O. Adda  |                                 |                            |   |            |   |                                  |  |  |  |  |
|    | Customer's Name & Address<br>To : MARKET XCEL DATA MAT   |                                 |                            | For Commercial Use:   |            |   |                                  |  |  |  |  |
|    | Flat No.301, Hosue No. 3-6-269/301, 4th Fl   | loor, MYM Money Center          |                            | Bill No:  |            |   |                                  |  |  |  |  |
|    | Opp. Telugu Academy, Himayathnagar, Hyde<br>PAN No.: AAECM5086D  | erabad -500029                  |                            | Date: 26537 Bloghap 2000bs<br>Freelancer Code: Myo Hyp Frong - 326, |            |   |                                  |  |  |  |  |
|    | Toward   | ds my Charges/Fe                | esagai                     | nst As  | sianmen    | it/sstated l                            | 190 - Loug                       | - 101                                      |  |  |  |
|    | Job No: 2014 0924  |                                 | Orig                       | Original Assignment<br>Number and Date                              |            |   | sed Assignment<br>mber and Date  | Quantity And<br>Amount                     |  |  |  |
| -  | Job Title: Grand her   | ofth Study                      |                            |   |            |   |                                  | Payble                                     |  |  |  |
|    | Fieldwork Locations:   | Pastile"                        | Vije                       | ayai  | weds .     |   | I                                |  |  |  |  |
|    | Data Collection Type & Segment   |                                 |                            |   |            |   |                                  |  |  |  |  |
|    | 1- Briefing charges  |                                 | Qua                        | antity  | Rate       |   | Amoun                            | it   |  |  |  |
|    | 2- Recruitment/Contact/Listing   |                                 | -                          |   |            |   |                                  |  |  |  |  |
|    | 3- Main interview -  |                                 |                            | 2   | -100       | <u> </u>                                | A 0.0                            |  |  |  |  |
|    | 4- Main interview-   |                                 | 0                          | 2   | 78.7       | 10                                      | 0 675-00                         |  |  |  |  |
|    | 5- Moderation/Translation/Trans<br>(Specify)   | cription/Others                 |                            |   |            |   |                                  |  |  |  |  |
|    | Other Fees/Charges   |                                 |                            |   |            |   |                                  |  |  |  |  |
|    | Supervision Charges  |                                 |                            |   |            |   |                                  |  |  |  |  |
|    | Executive Name:  | R. Sely                         | ana                        | Jay   | rane       | • · · · · · · · · · · · · · · · · · · · |                                  |  |  |  |  |
|    | IC Employee ID: Date: Signat   | ture: Mos                       | 275                        | , 1   | \$109      | 124                                     | 20/02/25                         | P. G.LC                                    |  |  |  |
|    | otals  |                                 |                            |   |            | ) (                                     |                                  | , N Sun                                    |  |  |  |
| ~, | ) Fees for Assignemt   | Job No. Task                    | Job No. Task Code Amount:- |   |            |   |                                  |  |  |  |  |
| 0) |  |                                 |                            |   |            |   |                                  |  |  |  |  |
| ы  | Supervision Charges  |                                 |                            | Amount:-  |            |   |                                  |  |  |  |  |
|    |  | Gr                              | rand To                    | otal (A   | +B) For    | r Net Payn                              | nent 623                         | -  |  |  |  |
| Ru | pees in Words: SPx hun   |                                 | •                          | theer   | 0          | file                                    |                                  |  |  |  |  |
|    |  |                                 |                            | nmar  |            | on                                      | m                                | 2  |  |  |  |
|    | ssignment Job No. Segment Centre   | Date<br>Collection Quantity Syr |                            | Quantity Re   |            | Invoice Quantit                         |                                  |  |  |  |  |
| _  | a alt  | Type Submitt                    |                            |   | reed by me | Accepted                                | Y Quantity Paidinthis<br>Invoice | Quantity Payable in<br>Subsequent Invoices |  |  |  |
|    | of ograp Put Vijur   | capi vo                         |                            | 07  | 27         | 08                                      | 38                               | 08   |  |  |  |
|    | 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.<br>My PAN Account Number is: |                                 |                            |   |            |   |                                  |  |  |  |  |
|    | Beneficiary Bank Account Number: G. Shankan. Beneficiary Bank Name: SBD<br>Beneficiary Bank Account Number: 31882922667 Beneficiary IFSC Code: SBD NOOD 1943                                       |                                 |                            |   |            |   |                                  |  |  |  |  |
|    | eneficiary Bank Account Number:<br>E&OE  | 3188292                         | 26                         | 67  | Benefici   | ary IFSC Cod                            | le: SBINE                        | 1943                                       |  |  |  |
| 1  |  |                                 |                            |   |            | Bill                                    | Received On:                     |  |  |  |  |
|    | (il entrin   | P.C                             | 21                         | 1   | 1          |   |                                  |  |  |  |  |
|    |  |                                 |                            |   | olorp      | 3 Bill                                  | Checked & Cleared                | t On:                                      |  |  |  |
|    | (Signature & Date)   | Арргоу                          | ved by w                   | ith date  | 3          | ·                                       |                                  |  |  |  |  |
|    |  |                                 |                            |   |            |   |                                  |  |  |  |  |

| Image: Molecular State Place       17, Okhla Industrial Estate Place       3 Rd, Okhla Phase III, Okhla Industrial Estate Place         Image: State Place       Executive Name:       Estate New Delhi, Delhi -110020         Executive Name:       Substate Place       Research Okhla Phase III, Okhla Industrial         This is to certify that 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:         Date of Issue:       Mobile No:       90000230         Address: This Authority Card is issued on the specific request of the freelance supplier to facilitate in his/her assignment. | PIC of the freelancer     |
|---|---------------------------|
|   | (Card Holder's Signature) |

## Assignment letter

Freelancer Name G. Sheybu Job No: 20240 524 Job Title: Brand heal be Straly Fieldwork Location: For take Freelancer Code: MOHUD House Address Malabaph Reference No: L&Loppy Date: thealds any cy Viberanaa.

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<br>(Nos) | Rate Rs.<br>(Per Qty) |  |
|----------------------|------------------|-------------------|-----------------------|--|
| Cayi                 | Vijayawada       | 08                | 78.20                 |  |
|                      |                  |                   |                       |  |

The above stated assignment will start from 2009 and end on [4] 10] 24 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:

Islogly G. Sharlow

Name of signee:

Signature:



| Signed in the presen | ce of:         |
|----------------------|----------------|
| 1) Witness Name: 🕴   | . Sutyaranyarg |
| Contact number:      | 8/2520379      |
| Signature:           | R. Satray      |
| 2) Witness Name:     | đ              |
| Contact number:      |                |
| Signature:           |                |

| From<br>Name of the Freelancer:- Eluzo Scueltus<br>Address:- Ruazo 897777 85888  |                            |  |                     |                         |   |                                |  |  |
|--|----------------------------|--|---------------------|-------------------------|---|--------------------------------|--|--|
| Mobile No:-  |                            |  | BILL                |                         |   |                                |  |  |
|  |                            |  | For Commercial Use: |                         |   |                                |  |  |
| Cuistomer's Name & Address<br><b>To: MARKET XCEL DATA MATI</b><br>Rat No.301, Hosue No. 3-6-269/301, 4th Flo<br>Opp. Telugu Academy. Himayathnagar, Hyder<br>PAN No.: AAECM5086D   | Center,                    | Bill No:<br>Date: 26536 20 02/25<br>Freelancer Code: Mb tryDF 2024 - 333 |                     |                         |   |                                |  |  |
| Toward   | s my Charg                 | es/Feesaga   | ainst As            | signmer                 | nt/sstated b  | elow:                          |  |  |
| Job No: 2024 0524  |                            |  | riginal A<br>Number | ssignme                 | nt Revis  | ed Assignment<br>uber and Date | Quantity And<br>Amount<br>Payble           |  |
| Job Title: brachealth  | shidy                      | For tall   | e                   | -                       |   |                                |  |  |
| Fieldwork Locations:   | U                          | vijay  | awall               | 4,                      |   |                                |  |  |
| Fees for Assignment  |                            |  |                     | Rate                    |   | Amour                          | t  |  |
| Data Collection Type & Segment   |                            | Q  | uantity             | Rate                    |   |                                | -  |  |
| 1- Briefing charges  |                            |  |                     |                         |   |                                |  |  |
| 2- Recruitment/Contact/Listing   |                            |  |                     |                         |   | 0.214/ = 1-                    |  |  |
| 3- Main interview -  |                            |  | 30 78.1             |                         | 6   | 2346=10,                       |  |  |
| 4- Main interview-   |                            |  |                     |                         | 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 | Notes to and the               |  |  |
| <ol> <li>Moderation/Translation/Transc<br/>(Specify)</li> </ol>  | ription/Others             | 5  |                     | de la                   |   |                                |  |  |
| Other Fees/Charges   | -                          |  |                     |                         |   |                                |  |  |
| Supervision Charges  | 0                          | 0  |                     |                         |   |                                |  |  |
| Executive Name:  |                            | Sutya  | wary                | cino                    | 01-1  |                                |  |  |
| EIC Employee ID: Date: Signat  | ure:                       | MO   | VVP                 | , 10                    | 0000  |                                |  |  |
| Totals   | Jah Na                     | Task Cod   | a ( Amo             | unt:-                   |   |                                |  |  |
| A) Fees for Assignemt  | Job No.                    | Idsk Cour  | Code Amount:-       |                         |   |                                |  |  |
|  |                            |  |                     |                         |   |                                |  |  |
| B) Supervision Charges   |                            |  |                     | unt:-                   |   |                                |  |  |
|  | 1 14                       |  | 2                   | A+B) For                | r Net Paym  | 1                              | 16=00                                      |  |
| Rupees in Words: W thom  | my Tha                     | ne l   | runch               | y or                    | uf for  | ty Sine                        | ripers                                     |  |
|  |                            | Su   | mmar                | y a a                   | C   | ny                             |  |  |
| Assignment Job No. Segment Centre  | Date<br>Collection<br>Type | uantity Synched/<br>Submitted  |                     | ejectedby<br>reed by me | Invoice Quantity<br>Accepted  | Quantity Paidinthis<br>Invoice | Quantity Payable in<br>Subsequent Invoices |  |
| 03 pory put viju   | ?" Cufi                    | 35   | 05                  | 5                       | 30  | 30                             | 30.  |  |
| 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.<br>My PAN Account Number is:<br>Beneficiary Bank Account Number: $Euror Sculta$ .<br>Beneficiary Bank Account Number: $40436618138$ .<br>E&OE<br>Beneficiary IFSC Code: $SBTN 0017357$ |                            |  |                     |                         |   |                                |  |  |
| San thear and at   | R                          | . Cita   | m.                  | ,                       | 1   | eceived On:                    |  |  |
| (Signature & Date)   |                            | Approved by  |                     |                         | E-15 Bill C   | hecked & Cleared               | l On:                                      |  |

| Industrial Estate Phase 3 Rd, Okhla Phase III,         Industrial Estate Phase 3 Rd, Okhla Phase III,         Executive Name :       R. Estate, New Delhi, Delhi - 110020         Mobile No. :       Simple and an angle and an angle and and angle and and angle angle and angle angle angle angle angle and angle a | Okhla Industrial PIC of the freelancer  |
|---|---|
| This is to certify that Current Sourd H9 registered with us as a freelar conducting interviews and collecting data. He/She has been authorized to Research Data by Market Xcel as per project specific Assignment Letter. Date of Issue: Same Valid From: 2018/040 14/10/ Location: And Mobile No: Same Same Same Same Same Same Same Same  | nce supplier for<br>collect Market<br>Reference No:<br>2Jdb Fieldwork<br>ard is issued on |
|   | (Card Holder's Signature)   |

## Assignment letter

Freelancer Name Elurg Servittes Job No: 2024 0824 Job Title: Berard health Fieldwork Location: Study for tak Vijey wallon Freelancer Code: MATUDE 202 Kheer, House Address Reference No: Date: 18/08/m

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 (A) Fees for Assignment:

|          | Data Collection Type | Segment - Center      | Quantity<br>(Nos) | Rate Rs.<br>(Per Qty) |  |
|----------|----------------------|-----------------------|-------------------|-----------------------|--|
| $\vdash$ | Capi                 | thyderuse - vijayaway | 30                | 78.20                 |  |
|          |                      |                       |                   |                       |  |

The above stated assignment will start from Us as mand end on UML 201 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

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

Date:

18/08/24 Elun Sewitter. Name of signee:

Signature:

Crave Ka

| Signed in the prese | nce of:         |
|---------------------|-----------------|
| 1) Witness Name:    | R. Sutianatyang |
| Contact number:     | 8/25203788      |
| Signature:          | R. Suttony      |
| 2) Witness Name:    | ~               |
| Contact pumber      |                 |
|                     |                 |

Signature: