



DTDC Express Limited
 Regd. Office: No-3, Victoria Road
 Bengaluru - 560047

ORIGIN-

DEST.

POUCH NO.

DATE

11/5/14

Non-Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

This consignment note is not a tax invoice. A tax invoice will be made available by DTDC or its channel partner as the case may be upon request.

Sender's (Consignor) Name: **Pharmclairum** Ph: _____

Recipient's (Consignee) Name: **Ashish Parra**

Company Name & Address: **Pharmclairum**

Company Name & Address: **DCDC Health Services**

City: _____ State: _____ PIN Code: _____

City: **Mysuru** State: **Karnataka** PIN Code: **576104**

Sender's GSTIN*: _____ *Where Applicable

Recipient's GSTIN*: _____ *Where Applicable

Nature of consignment (✓)	Box	Non-Box	Total Num Pcs:	Actual Wt.:	kg
DIM 1: L cm X B cm X H cm X	<input type="checkbox"/>	<input type="checkbox"/>	Pcs		
DIM 2: L cm X B cm X H cm X	<input type="checkbox"/>	<input type="checkbox"/>	Pcs	Volumetric Wt.:	kg
DIM 3: L cm X B cm X H cm X	<input type="checkbox"/>	<input type="checkbox"/>	Pcs	Chargeable Wt.:	kg

Description of Content: _____
 Total Value of consignment for carriage / E-Way bill: ₹ _____

Paper Work Enclosures _____

Type of consignment (✓) Commercial Non Commercial Value Added Services Not Available CN Expiry Date _____

Charges	Amount(₹)
a) Tariff (incl. Of FSC + Taxes)	
b) Risk Surcharge	
c) Total amount (a+b)	

Mode (✓) Surface Air Cargo Express

Consignment Number: **U25668268**

Sender's Signature & Seal: _____

Mode of Payment: Cash Card Wallet

Date: _____ Time: _____ AM/PM
 I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.

Booking Branch / Franchisee Code: **1001**
 Risk Surcharge: _____
 Owner: _____
 Carrier: _____

Courier Signature: _____

SENDER COPY

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