



**DTDC Express Limited**  
 Reg. Office: No. 2, Victoria Road  
 Bangalore - 560024

**dtcd**

**ORIGIN**

**DEST:**

**POUCH NO.**

**DATE:**

Name of the Consignor / Nature of Subject to Bangalore Jurisdiction

Reference to items & consignment number in the consignment bill being lodged for consignment to DTDC

1 Sender's (Consignor) Name

**Pr. Poed Hospital**

2 Recipient's (Consignee) Name:

**Pr. KSHHS Sharma**

Company Name & Address

Company Name & Address:

City: **W** State: **KA**

PIN Code:

City:

State:

**Pr. W PIN code / 560024**

Sender's GSTIN\*

Recipient's GSTIN\*

3 Nature of consignment:  Non-Dut  Dut

Total Num. Pcs

4 Description of Content

Value of Goods

Sl. No.	QTY	UNIT	DESCRIPTION	PRICE	TOTAL
1	1	PC	Medicine	100	100
2	1	PC	Medicine	100	100
3	1	PC	Medicine	100	100
4	1	PC	Medicine	100	100
5	1	PC	Medicine	100	100

6 Type of consignment (Please tick)  Commercial  Non-Commercial

7 Value added services - Not available

DN Expiry Dt.:

10 I/we declare that this consignment does not contain personal mail, cash, jewellery, contraband, illegal drugs, any prohibited items and commodities which can cause safety hazards while transporting

9 Charges: Amount: ₹

8 Mode:  Surface  Air cargo  Express

Consignment Number:



**U19197260**

Date: **20/01/22** Time: **AM/PM**

11 Branch / Franchise Code

12 Risk Surcharge

Owner

Carrier

<http://www.dtcd.in>

customer.support@dtcd.com

+91-7305770577

SENDER COPY

May 2022

