



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

B

ORIGIN _____ **DEST.** _____
POUCH NO. _____ **DATE** _____

on Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

The 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: X. Sumi **Ph:** _____

Recipient's (Consignee) Name: Ajith Singh **Ph:** _____

Company Name & Address: Area Hospital

Company Name & Address: De De Healths

State: Narasaraipet **PIN Code:** _____

City: _____ **State:** New Delhi **PIN Code:** _____

Sender's GSTIN*: _____ *Where Applicable

Recipient's GSTIN*: _____ *Where Applicable

Nature of consignment (✓)	Dox	Non-Dox	Total Num Pcs:	Actual Wt.:	kg
1: L	cm X B	cm X H	cm X	Pcs	kg
2: L	cm X B	cm X H	cm X	Pcs	kg
3: L	cm X B	cm X H	cm X	Pcs	kg

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

Paper Work Enclosures

6 **Type of consignment (✓)** Commercial Non-Commercial **7** **Value Added Services** Not Available **CN Expiry Date** _____

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(₹)
a)	Tariff (incl. Of PSC + Taxes)	
b)	Risk Surcharge	200/-
c)	Total amount (a+b)	

8 **Mode (✓)** Surface Air Cargo Express

Consignment Number _____ **Barcode** **H47067465**

Signature & Seal _____

11 **Booking Branch / Franchisee Code** _____

12 **Risk Surcharge** _____

Mode of Payment: Cash Card Wallet

11 **Booking Branch / Franchisee Code** _____

Owner _____ **Carrier** _____

Time: _____ **AM/PM** _____

Courier Signature _____

ACCOUNTS COPY **Jan 2024**

