



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

ORIGIN

DEST.

POUCH NO.

DATE

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Non 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 it's channel partner as the case may be, upon request.

1 Sender's (Consignor) Name: _____ Ph: _____
 Company Name & Address: _____
 City: _____ State: _____ PIN Code: _____
 Sender's GSTIN*: _____ *Where Applicable

*Area Hospital
NSD*

2 Recipient's (Consignee) Name: _____ Ph: _____
 Company Name & Address: _____
 City: _____ State: _____ PIN Code: _____
 Recipient's GSTIN*: _____ *Where Applicable

*Ajil Singh
D CDC Health Services
New Delhi*

3 Nature of consignment Dox Non-Dox Total Num Pcs: _____

DIM 1: L	cm X B	cm X H	cm X	Pcs	Actual Wt.: kg
DIM 2: L	cm X B	cm X H	cm X	Pcs	Volumetric Wt.: kg
DIM 3: L	cm X B	cm X H	cm X	Pcs	Chargeable Wt.: kg

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

5 Paper Work Enclosures _____

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

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(₹)

a) Tariff (incl. OF FSC + Taxes)	<i>200</i>
b) Risk Surcharge	
c) Total amount (a+b)	

Above charges are inclusive of GST & other taxes if applicable
 Mode of Payment: Cash Card Wallet

8 Mode (✓) Surface Air Cargo Express

Consignment Number: *21824*


H48169200

Sender's Signature & Seal _____
 Date: _____ Time: _____ AM/PM
 I have read and understood terms & conditions printed overleaf of his consignment note and I agree to the same.

11 Booking Branch / Franchisee Code _____
 Courier Signature _____

12 Risk Surcharge _____

Owner _____
 Carrier _____



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