



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 its channel partner as the case may be, upon request.

1 Sender's (Consignor) Name: Tanaka Hospital Ph: _____

2 Recipient's (Consignee) Name: _____ Ph: _____

Company Name & Address: Tanaka Hospital

Company Name & Address: DTDC Health

City: _____ State: _____ PIN Code: _____

City: _____ State: _____ PIN Code: _____

Sender's GSTIN*: 29540888906

Recipient's GSTIN*: 29110064 *Where Applicable

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

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

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

5 Paper Work Enclosures _____

6 Type of consignment (✓) Commercial Non Commercial **7** Value Added Services Net 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.

8 Mode (✓) Surface Air Cargo Express

Charges Amount(₹)
 Staff (Incl. Of PSC + Taxes) _____
 Risk Surcharge _____
 Total amount (+b) 40

Consignment Number: 6111/20



231977056

Sender's Signature & Seal: _____

11 Booking Branch / Franchisee Code _____ **12** Risk Surcharge

Date: _____ Time: _____

Owner _____

I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.

Carrier _____

Courier Signature: _____

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