

DCDC KIDNEY CARE



DTDC Express Limited
 Regd Office: No-3 Victoria Road
 Bengaluru - 560027

ORIGIN: *DM* DEST: *Bun*
 POUCH NO. *1* DATE: *8/5/23*

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Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction

The consignment 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: *DCDC Kidney Care*
 Company Name & Address: *Dialysis*
 City: *Delu-110015*
 State: *Delhi*
 Sender's GSTIN: *0711001501*

Receiver's (Conesignee) Name: *DCDC Kidney Care*
 Company Name & Address: *Dialysis*
 City: *Gurgaon-380024*
 State: *Haryana*
 Recipient's GSTIN: *07898867194*

Nature of consignment: <input type="checkbox"/> Doc <input type="checkbox"/> Non-Doc		Total Num P	
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

Description of Content: *Car*
 Total Value of consignment for carriage / E-way bill: ₹

Paper Work Enclosures

Type of consignment (✓):
 Commercial Non Commercial
 Value Added Services: SECURE PACK
 CN Expiry Date

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

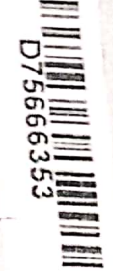
Charges	Actual
• Landing of PSC-GST	
• Value Added Service Charges	
• Risk Surcharge	
• Total without tax	

Mode: Surface Air Cargo Express

Courier Charge - 450/-

Sender's Signature & Seal

Consignment Number: D75666353



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Receiver's Name: _____
 Relationship: _____
 Company Stamp & Signature: _____
 Date: / / Time: AM/PM

Mode of Payment: Cash Card Wallet
 Booking Branch / Franchise: *12*
 Courier Signature: _____

Risk Surcharge: _____
 Owner:
 Carrier: