



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

Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

ORIGIN	DEST.
POUCH NO.	DATE

The consignment note is not a bill of lading. A bill of lading will be made available by DTC, if it is charged for as per para 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

1 **Sender's (Consignor) Name:** TARAK. HOSPITAL
Company Name & Address:
City:
State:
Pin Code:

2 **Recipient's (Consignee) Name:** DEEDS HEALTH.
Company Name & Address:
City:
State:
Pin Code:

3 **Nature of consignment (✓)** **Doc** **Non-Doc**
 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
Paper Work Enclosures

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

0 **/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**

6 **Type of consignment (✓)** **Commercial** **Non Commercial**
 7 **Value Added Services** **Not Available**
 8 **Mode (✓)** **Surface** **Air Cargo** **Express**
 9 **Charges** **Amount (₹)**
 a) **Tariff (incl. Of FSC + Taxes)**
 b) **Risk Surcharge**
 c) **Total amount (a+b)**

10 **Sender's Signature & Seal**

11 **Booking Branch / Franchisee Code**
 12 **Risk Surcharge**
 Consignment Number: 21424
 Z39402416

Time: AM/PM
 I read and understood terms & conditions printed overleaf of consignment note and I agree to the same.

13 **Owner**
Carrier
Courier Signature

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SENDER COPY

Jan. 2024



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

Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

Sender's (Consignor) Name: TARAK PHOSPITAL
 Company Name & Address: PHOSPITAL

State: _____

PIN Code: _____

Sender's GSTIN*: _____

*Where Applicable

Nature of consignment (✓) **Box** **Non-Box**

Total Num Pcs: _____

1: L cm X B cm X H cm X _____ Pcs

Actual Wt.: _____ kg

2: L cm X B cm X H cm X _____ Pcs

Volumetric Wt.: _____ kg

3: L cm X B cm X H cm X _____ Pcs

Chargable Wt.: _____ kg

Paper Work Enclosures _____

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

9	Charges	Amount(₹)
a)	Tariff (Incl. Of FSC + Taxes)	
b)	Risk Surcharge	
c)	Total amount (a+b)	<u>00</u>

Above charges are inclusive of GST & other taxes if applicable

Mode of Payment: Cash Card Wallet

11 Booking Branch / Franchisee Code _____
 Courier Signature _____

ORIGIN	DEST.
POUCH NO.	DATE
2	<u>24/12/24</u>
Recipient's (Consignee) Name: _____ Company Name & Address: <u>D.C.D.C. HEALTH</u> City: <u>BHJ</u> State: <u>BJ</u> PIN Code: _____ Recipient's GSTIN*: _____	Ph: _____
4	Description of Content
6	Type of consignment (✓) <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Non Commercial
7	Value Added Services <input type="checkbox"/> Air Cargo <input type="checkbox"/> Express <input type="checkbox"/>
8	Mode (✓) <input checked="" type="checkbox"/> Surface <input type="checkbox"/> Air Cargo <input type="checkbox"/> Express <input type="checkbox"/>
Consignment Number: <u>Z39402417</u>	
12	Risk Surcharge
Owner	Carrier



Time: _____ AM/PM
 I understand terms & conditions printed overleaf of this note and I agree to the same.

SENDER COPY

Jan. 2024

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