

Vendor Code : 107445

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

ORIGIN: Bengaluru - 560047

POUCH NO. 8

DEST. DATE

Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

1 Sender's (Consignor) Name: Parak Hospital
Company Name & Address: Parak Hospital
City: Delhi State: 64 PIN Code: 110001

2 Recipient's (Consignee) Name: D.C.D.C. Health
Company Name & Address: D.C.D.C. Health
City: Delhi State: 64 PIN Code: 110001

3 Nature of consignment (✓) Non-Dox Dox Total Num Pcs: 1
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 Value Added Services Not Available CN Expiry Date

7 Mode (✓) Surface Air Cargo Express

8 Charges Amount(₹)
a) Tariff (Incl. Of FSC + Taxes) not
b) Risk Surcharge not
c) Total amount (a+b) not

9 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

10 Sender's Signature & Seal: [Signature]

11 Booking Branch / Franchisee Code: [Blank]

12 Risk Surcharge: [Blank]

Date: [Blank] Time: [Blank] AM/PM

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

Sender's Signature & Seal: [Signature]

Date: [Blank] Time: [Blank] AM/PM

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

Carrier Signature: [Signature]

Owner: [Blank]

Carrier: [Blank]

Mode of Payment: Cash Card Wallet

Consignment Number: 218753106

9/18/23

DTDC HOSPITAL

http://www.dtcd.in || customersupport@dtcd.com || +91-7305770577

SENDER COPY

March 2023

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11 Booking Branch / Franchisee Code: [Blank]

12 Risk Surcharge: [Blank]

Date: [Blank] Time: [Blank] AM/PM

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