



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

Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

ORIGIN	DEST.
POUCH NO.	DATE
	9-2-24

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:** DEDE Health

Company Name & Address: _____

City: _____ **State:** _____ **State:** _____

Sender's GSTIN*: _____ **Pin Code:** _____

2 **Recipient's (Consignee) Name:** Mrs. Almas P Sivas

Company Name & Address: _____

City: _____ **State:** _____ **State:** _____

Recipient's GSTIN*: _____ **Pin Code:** _____

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

D+M 1: L **cm X B** **cm X H** **cm X** **Pcs** **Actual Wt.:** _____ **kg**

D+M 2: L **cm X B** **cm X H** **cm X** **Pcs** **Volumetric Wt.:** _____ **kg**

D+M 3: L **cm X B** **cm X H** **cm X** **Pcs** **Chargeable Wt.:** _____ **kg**

5 **Paper Work Enclosures**

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

7 **Mode** (✓) **Surface** **Air Cargo** **Express**

8 **Charges** **Amount(₹)**

9 **a) Tariff (Incl. Of FSC + Taxes)** _____

b) Risk Surcharge _____

c) Total amount (a+b) 3601

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**

11 **Mode of Payment:** **Cash** **Card** **Wallet**

12 **Risk Surcharge** _____

Booking Branch / Franchisee Code _____

Consignment Number: _____



U28265986

Owner _____

Carrier _____



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1 Sender's (Consignor) Name: Deor Health

Company Name & Address: _____

City: _____ State: _____ PIN Code: _____

Sender's GSTIN*: _____

2 Recipient's (Consignee) Name: Narasimha Siva

Company Name & Address: _____

City: _____ State: _____ PIN Code: _____

Recipient's GSTIN*: _____

3 Nature of consignment (✓) **Dox** **Non-Dox**

Total Num Pcs: _____

DIM 1: L cm X B cm X H cm X Actual Wt.: _____ kg

DIM 2: L cm X B cm X H cm X Volumetric Wt.: _____ kg

DIM 3: L cm X B cm X H cm X PCS Chargeable Wt.: _____ kg

5 Paper Work Enclosures

4 Description of Content

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

6 Type of consignment (✓) **Commercial** **N/n Commercial**

7 Value Added Services

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) Traffic Inland (Of FSC + Taxes)

b) Risk Surcharge

c) Total amount (a+b)

1867

Additional charges are inclusive of GST & other taxes if applicable

Mode of Payment: Cash Card Wallet

11 Booking Branch / Franchisee Code

12 Risk Surcharge

Owner

Carrier



Download MYDTDC app



Available at select cities & pin codes

Date: _____ Time: _____ AM/PM

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

<http://www.dtcd.in>

customer-support@dtcd.com

+91-7305770577

SENDER COPY

March 2023

(Signature)
 Courier Signature