
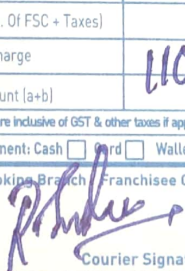


1 Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.		Please refer to all the terms & conditions printed overleaf of this consignment note before tendering a consignment to DTDC.	
1 Sender's (Consignor) Name: <u>DCDC Healthcare</u> Ph: _____ Company Name & Address: <u>Kalkata</u> State: _____ PIN Code: <u>107</u> Sender's GSTIN*: _____ *Where Applicable		2 Recipient's (Consignee) Name: <u>S cm priyanka</u> Ph: _____ Company Name & Address: <u>D.C.D.C Healthcare</u> City: <u>N-Delhi</u> State: _____ PIN Code: <u>64</u> Recipient's GSTIN*: _____ *Where Applicable	
3 Nature of consignment Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: _____ 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 _____ Value of Goods _____ The Total Value of consignment for carriage / E-Way bill ₹ _____	
5 Paper Work Enclosures _____		6 Type of consignment (Please ✓) Commercial <input type="checkbox"/> Non Commercial <input type="checkbox"/> 7 Value Added Services - Not Available <input type="checkbox"/> CN Expiry Dt.: _____	
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 <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/> Consignment Number:  K58453984	
Sender's Signature & Seal _____ Date: _____ Time: _____ AM/PM I have read and understood terms & conditions of carriage mentioned on website www.dtdc.in, and I agree to the same.		9 Charges Amount(₹) a) Tariff (incl. Of FSC + Taxes) _____ b) Risk Surcharge <u>1107</u> c) Total amount (a+b) _____ Above charges are inclusive of GST & other taxes if applicable Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/> 11 Booking Branch Franchisee Code _____  Courier Signature	
12 Risk Surcharge _____		Owner _____ Carrier _____	

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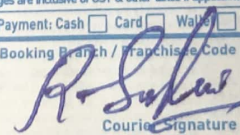
1 Sender's (Consignor) Name: DCDC Healthcare Ph: _____ Company Name & Address: DCDC Healthcare City: Kolkata State: _____ PIN Code: 107 Sender's GSTIN*: _____ <small>Where Applicable</small>		2 Recipient's (Consignee) Name: Mr. Kshit Jai Company Name & Address: DCDC Healthcare City: N. Delhi State: _____ PIN Code: 64 Recipient's GSTIN*: _____ <small>Where Applicable</small>	
3 Nature of consignment Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: _____ 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 _____ Value of Goods _____ The Total Value of consignment for carriage / E-Way bill ₹ _____	
5 Paper Work Enclosures _____		6 Type of consignment (Please ✓) Commercial <input type="checkbox"/> Non Commercial <input type="checkbox"/> 7 Value Added Services - Not Available <input type="checkbox"/> CN Expiry Dt.: _____	
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 Sender's Signature & Seal _____ Date: _____ Time: _____ AM/PM <small>I have read and understood terms & conditions of carriage mentioned on website www.dtdc.in, and I agree to the same.</small>		9 Charges Amount(₹) a) Tariff (incl. Of FSC + Taxes) _____ b) Risk Surcharge 110/- c) Total amount (a+b) _____ <small>Above charges are inclusive of GST & other taxes if applicable</small> Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/>	
11 Booking Branch / Franchise Code _____ Consignor Signature: R. Saha		8 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/> Consignment Number: K58453985 	
12 Risk Surcharge _____		Owner _____ Carrier _____	

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May 2022

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1 Sender's (Consignor) Name: D CDC Healthcare Ph: _____ Company Name & Address: _____ City: Kolkata State: _____ PIN Code: 107 Sender's GSTIN*: _____ *Where Applicable		2 Recipient's (Consignee) Name: Pankaj Rahafagi Company Name & Address: DEDC Healthcare City: N. Delhi State: _____ PIN Code: 64 Recipient's GSTIN*: _____ *Where Applicable	
3 Nature of consignment Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: _____ 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 _____ Value of Goods _____ The Total Value of consignment for carriage / E-Way bill ₹ _____	
5 Paper Work Enclosures _____		6 Type of consignment (Please ✓) Commercial <input type="checkbox"/> Non Commercial <input type="checkbox"/> 7 Value Added Services - Not Available <input type="checkbox"/> CN Expiry Dt.: _____	
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 <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/> Consignment Number:  K58453986	
Sender's Signature & Seal _____ Date: _____ Time: _____ AM/PM I have read and understood terms & conditions of carriage mentioned on website www.dtdc.in, and I agree to the same.		9 Charges Amount(₹) a) Tariff (incl. Of FSC + Taxes) _____ b) Risk Surcharge _____ c) Total amount (a+b) _____ Above charges are inclusive of GST & other taxes if applicable Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Walk <input type="checkbox"/>	
11 Booking Branch / Franchise Code _____ Courier Signature: 		12 Risk Surcharge _____ Owner _____ Carrier _____	