



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

**ORIGIN** \_\_\_\_\_ **DEST.** \_\_\_\_\_

**POUCH NO.** \_\_\_\_\_ **DATE** \_\_\_\_\_

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Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

The consignment note is not a tax invoice. A tax invoice will be made available by DTDC or it's channel partner as the case may be, upon request.

**1** Sender's (Consignor) Name: \_\_\_\_\_ Ph: \_\_\_\_\_  
Company Name & Address: DCDC health care  
City: \_\_\_\_\_ State: \_\_\_\_\_ PIN Code: 560047  
Sender's GSTIN\*: \_\_\_\_\_

**2** Recipient's (Consignee) Name: \_\_\_\_\_ Ph: \_\_\_\_\_  
Company Name & Address: with Singh  
City: \_\_\_\_\_ State: \_\_\_\_\_ PIN Code: 560047  
Recipient's GSTIN\*: \_\_\_\_\_

**3** Nature of consignment (✓)  Dox  Non-Dox  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 \_\_\_\_\_ Total Value of consignment for carriage / E-Way bill \_\_\_\_\_  
₹ \_\_\_\_\_

**5** Paper Work Enclosures \_\_\_\_\_

**6** Type of consignment (✓)  Commercial  Non Commercial  **7** Value Added Services  Not Available  **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)	Tariff (incl. Of FSC + Taxes)	
b)	Risk Surcharge	
c)	Total amount (a+b)	<u>1607</u>

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

Consignment Number: \_\_\_\_\_  
  
**H46308523**

Sender's Signature & Seal 29/02  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM  
I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.

Above 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 \_\_\_\_\_