

1
 Sender's (Consignor) Name: DCDC Ph: _____
 Company Name & Address: DCDC
 City: Kolkata State: _____ PIN Code: _____
 Sender's GSTIN*: _____

Recipient's (Consignee) Name: SCM Priyanka Ph: _____
 Company Name & Address: DCDC
 City: N. Delhi State: _____ PIN Code: 110064
 Recipient's GSTIN*: _____

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
DIM 2: L	cm X B	cm X H	cm X	Pcs
DIM 3: L	cm X B	cm X H	cm X	Pcs
				Actual Wt.: kg
				Volumetric Wt.: kg
				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 Non Commercial

7 Value Added Services - Not Available
 CM 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

9 Charges	Amount(₹)
a) Tariff (incl. of FSC + Taxes)	
b) Risk Surcharge	
c) Total amount (a+b)	<u>130/-</u>

8 Mode: Surface Air cargo Express

Consignment Number: 
K45222856

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.
<http://www.dtdc.in> || customer

Mode of Payment: Cash Card Wallet

11 Booking Branch / Franchisee Code
RSK
 Courier Signature

12 Risk Surcharge
 Owner
 Carrier

B - 24

 DTDC Express Limited Regd. Office: No-3, Victoria Road Bengaluru - 560047				ORIGIN POUCH NO.	DEST: DATE: 7/1/23
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</u> Ph: _____ Company Name & Address: _____ City: <u>Kolkata</u> State: _____ PIN Code: _____ Sender's GSTIN*: _____			2 Recipient's (Consignee) Name: <u>Pankaj Rohodgi</u> Ph: _____ Company Name & Address: <u>DCDC</u> City: <u>N-Delhi</u> State: _____ PIN Code: <u>110064</u> Recipient's GSTIN*: _____		
3 Nature of consignment <input type="checkbox"/> 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 ✓) <input type="checkbox"/> 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: <input type="checkbox"/> Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/> Consignment Number:  K45222857		
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>130/-</u> 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 / Franchisee Code _____ Courier Signature _____		
http://www.dtdc.in customersupport@dtdc.com +91-7305770577			12 Risk Surcharge Owner _____ Carrier _____		

 DTDC Express Limited Regd. Office: No-3, Victoria Road Bengaluru - 560047				ORIGIN: . DEST:
Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.		POUCH NO.		DATE: 7/1/23
1 Sender's (Consignor) Name: DCDC Ph: _____ Company Name & Address: _____ City: Kalkate State: _____ PIN Code: _____ Sender's GSTIN*: _____		2 Recipient's (Consignee) Name: Rahul Ph: _____ Company Name & Address: DCDC City: N-Delhi State: _____ PIN Code: 110069 Recipient's GSTIN*: _____		
3 Nature of consignment: Dox <input type="checkbox"/> Non-Box <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		9 Charges: Amount ₹ a) Tank. Incl. of FSC + Taxes b) Risk Surcharge c) Total amount (a+b): 390/- Above charges are inclusive of GST & other applicable taxes.		8 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/> Consignment Number:  K45222858
Sender's Signature & Seal: _____ Date: _____ Time: _____ AM/PM		11 Booking Branch / E-way Bill Code: _____ Courier Signature: RSh	12 Risk Surcharge: Owner _____ Carrier _____	