

		DTDC Express Limited Regd. Office: No-3, Victoria Road Bengaluru - 560047		ORIGIN LAITPUR	DEST. DELHI
Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.				POUCH NO.	DATE 03-11-23
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: _____ Ph: _____			2 Recipient's (Consignee) Name: MOHA NOMAN		
Company Name & Address: VIVEK SARAF LAITPUR			Company Name & Address: D.C.G. HEALTH SERVICES		
City: _____ State: _____		PIN Code: _____		City: DELHI State: DELHI PIN Code: 110062	
3 Nature of consignment (✓) Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: _____			4 Description of Content _____		
DIM 1: L cm X B cm X H cm X Pcs Actual Wt.: _____ kg			Total Value of consignment for carriage / E-Way bill _____ ₹		
DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt.: _____ kg			6 Type of consignment (✓) Commercial <input type="checkbox"/> Non Commercial <input type="checkbox"/>		
DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: _____ kg			7 Value Added Services Not Available		
5 Paper Work Enclosures			8 Mode (✓) Surface <input type="checkbox"/> Air Cargo <input type="checkbox"/> Express <input type="checkbox"/>		
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) 170		
Sender's Signature & Seal			11 Booking Branch / Franchisee Code		
Date: _____ Time: AM/PM			12 Risk Surcharge		
I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.			Owner _____		
			Carrier _____		
http://www.dtdc.in customersupport@dtcdow.com +91 9905770577			SENDER COPY		
			March 2023		

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1 Sender's (Consignor) Name: _____ Ph: _____			2 Recipient's (Consignee) Name: SOHAN LAL		
Company Name & Address: VIVEK SARAF LAITPUR			Company Name & Address: D.C.G. HEALTH SERVICES		
City: _____ State: _____		PIN Code: _____		City: DELHI State: DELHI PIN Code: 110062	
3 Nature of consignment (✓) Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: _____			4 Description of Content _____		
DIM 1: L cm X B cm X H cm X Pcs Actual Wt.: _____ kg			Total Value of consignment for carriage / E-Way bill _____ ₹		
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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) 180		
Sender's Signature & Seal			11 Booking Branch / Franchisee Code		
Date: _____ Time: AM/PM			12 Risk Surcharge		
I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.			Owner _____		
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