



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

ORIGIN MRT

DEST. Delhi

POUCH NO.

DATE 16/06/23

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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 its channel partner as the case may be, upon request.

1 Sender's (Consignor) Name: Agush Yadav Ph: _____
 Company Name & Address: D.D.C District Hospital
 City: Hardoi State: UP PIN Code: 241001
 Sender's GSTIN*: _____ *Where Applicable

2 Recipient's (Consignee) Name: _____ Ph: _____
 Company Name & Address: Heena Mom
D.D.C Health Services
 City: Near Delhi State: _____ PIN Code: 110011
 Recipient's GSTIN*: _____ *Where Applicable

3 Nature of consignment Dox Non-Dox Total Num Pcs: 2
 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
 Value Added Services: SECURE PACK **7.1** 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+GST)	
b)	Value Added Service Charges	
c)	Risk Surcharge	
d)	Total amount (a+b+c)	

8 Mode of Consignment: Surface Air Cargo Express

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

Consignment Number: _____
 Above charges are inclusive of GST & other taxes if applicable
 Mode of Payment: Cash Card Wallet
11 Booking Branch / Franchisee Code _____
 Courier Signature _____

12 Risk Surcharge
 Owner _____
 Carrier _____

13 Receiver's Name: _____
 Relationship: _____
 Company Stamp & Signature: _____
 Ph No.: _____ Date: ____/____/____ Time: _____ AM/PM

<http://www.dtdc.in> || customersupport@dtdc.com || +91-7305770577 SENDER COPY March 2023



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