



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

ORIGIN LR 2F

DEST. Delhi

POUCH NO.

DATE 5/7/23

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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 it's channel partner as the case may be, upon request.

1 Sender's (Consignor) Name: Shatrughan Singh
 Company Name & Address: _____
 City: Chennai State: _____ PIN Code: _____
 Sender's GSTIN*: _____ *Where Applicable

2 Recipient's (Consignee) Name: MISS Heena Bhat
 Company Name & Address: DCDC Health Services Pvt Ltd
 City: New Delhi State: _____ PIN Code: 110064
 Recipient's GSTIN*: _____ *Where Applicable

3 Nature of consignment (✓)		Box <input type="checkbox"/>	Non-Box <input type="checkbox"/>	Total Num Pcs:
DIM 1: L	em X B	em X H	em X	Pcs
DIM 2: L	em X B	em X H	em X	Pcs
DIM 3: L	em X B	em X H	em X	Pcs

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 8N Expiry Date

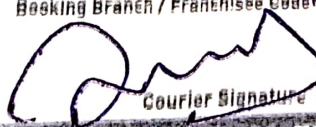
10 I/We declare that this consignment does not contain personal mail, cash, jewellery, contraband, illegal drugs, any prohibited items and commodities which can cause safety hazards while transporting.

9 Charges	Amount(₹)
a) Tariff (incl. of FSG + Taxes)	
b) Risk Surcharge	
c) Total amount (a+b)	<u>150</u>

11 Mode (✓) Surface Air Cargo Express

Consignment Number: 
U23902844

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.

Above charges are inclusive of GST & other taxes if applicable.
 Mode of Payment: Cash Card Wallet
 11 Booking Branch / Franchisee Code
 12 Risk Surcharge
 Courier Signature 

Owner
 Carrier

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<http://www.dtcd.in> || customersupport@dtcd.com || +91-7305770577

SENDER COPY March 2023



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

ORIGIN enr DEST. Delhi
 POUCH NO. _____ DATE 5/7/23

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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: Shatendran Singh
 Company Name & Address: _____
 City: enr State: _____ PIN Code: _____
 Sender's GSTIN*: _____

2 Recipient's (Consignee) Name: Shatendran Singh
 Company Name & Address: Mt. Arjuna Chowk
 City: New 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	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>1509</u>

8 Mode (✓) Surface Air Cargo Express
 Consignment Number: _____

U23902845

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.

11 Booking Branch / Franchisee Code _____
 12 Risk Surcharge _____
 Courier Signature _____

Owner _____
 Carrier _____

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

ORIGIN h 2f **DEST.** New Delhi
POUCH NO. 6/7/23 **DATE**

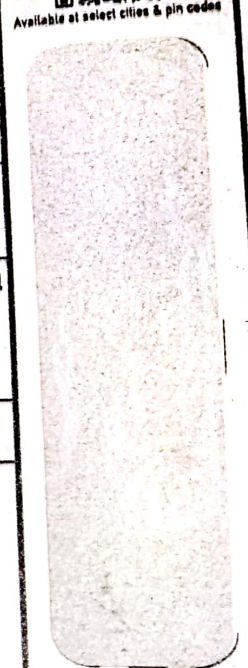


Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

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1 **Sender's (Consignor) Name:** Shatinder Singh
Company Name & Address: _____
City: h 2f **State:** _____ **PIN Code:** _____
Sender's GSTIN*: _____

2 **Recipient's (Consignee) Name:** Prateek S
Company Name & Address: DTDC Health Services Pvt. Co.
City: New Delhi **State:** _____ **PIN Code:** _____
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	150
c)	Total amount (a+b)	

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

Consignment Number: 
U23902846

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.

11 **Booking Branch / Franchisee Code** _____
12 **Risk Surcharge** _____
Courier Signature _____

Owner _____
Carrier _____



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SENDER COPY **March 2023**



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

ORIGIN hrl **DEST.** Delhi
POUCH NO. **DATE** 5/2/23

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:** Shatadhar Singh
Company Name & Address: _____
City: hrl **State:** _____ **PIN Code:** _____
Sender's GSTIN*: _____

2 **Recipient's (Consignee) Name:** Mr Anand S
Company Name & Address: DTDC Health
City: Delhi **State:** _____ **PIN Code:** _____
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

6 **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** **8** **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	<u>255</u>
c) Total amount (a+b)	

Above charges are inclusive of GST & other taxes if applicable

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

Consignment Number: 
U23902848

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.

11 **Booking Branch / Franchisee Code** _____

Courier Signature

12 **Risk Surcharge** **Owner** _____
Carrier _____

