



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

1 **Sender's (Consignor) Name:** Amazender Ph: _____

2 **Recipient's (Consignee) Name:** DCDC health services Ph: _____

Company Name & Address: _____

Company Name & Address: _____

City: Jangam **State:** _____ **PIN Code:** 506167

City: Delhi **State:** _____ **PIN Code:** 110064

Sender's GSTIN*: _____ *Where Applicable

Recipient's GSTIN*: _____ *Where Applicable

3 **Nature of consignment** **Doc** **Non-Doc** **Total Num Pcs:** _____

DIM 1: L _____ cm X B _____ cm X H _____ cm X _____ Pcs **Actual Wt.:** 3.800kg

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)** 500/-


b) **Risk Surcharge** _____

c) **Total amount (a+b)** _____

Above charges are inclusive of GST & other taxes if applicable

Mode of Payment: Cash Card Wallet

8 **Mode** **Surface** **Air Cargo** **Express**

Consignment Number: 
H47528593

Sender's Signature & Seal

31-5-24 **Time:** _____ **AM/PM** _____

I have read and understood terms & conditions printed overleaf of consignment note and I agree to the same.

11 **Booking Branch / Franchisee Code** _____

12 **Risk Surcharge** _____

Owner _____

Carrier _____

Courier Signature _____