



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

ORIGIN

Ch 2 f

DEST.

New Delhi

POUCH NO.

DATE

1/6/23

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

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

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

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 **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	<i>150</i>
c)	Total amount (a+b)	

Above charges are inclusive of GST & other taxes if applicable

8 Mode (✓) Surface Air Cargo Express
 Consignment Number: 
U23902310

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 _____

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March 2023

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

ORIGIN

GRP

DEST.

Delhi

POUCH NO.

DATE

1/6/23

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Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

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1 Sender's (Consignor) Name: *Shatrudhan Singh*
 Company Name & Address: *Centre Manager*
 City: *Ghe ispan* State: _____ PIN Code: _____
 Sender's GSTIN*: _____ *Where Applicable

2 Recipient's (Consignee) Name: *Mr Mohd Noman Sr*
 Company Name & Address: *DTDC Health Service Pvt Ltd*
 City: _____ State: _____ PIN Code: _____
 Recipient's GSTIN*: _____ *Where Applicable

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 _____
 c) Total amount (a+b) *250*
 Above charges are inclusive of GST & other taxes if applicable
 Mode of Payment: Cash Card Wallet

8 Mode (✓) Surface Air Cargo Express
 Consignment Number: 
 U23902313

Sender's Signature & Seal _____
 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 _____
 Courier Signature *[Signature]*

12 Risk Surcharge _____
 Owner _____
 Carrier _____

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March 2023



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

ORIGIN

Chennai

DEST.

New Delhi

POUCH NO.

DATE

1/6/23

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

2 Recipient's (Consignee) Name: *Miss Gurjeet Kaur*
 Company Name & Address: *DTDC Health Services*
 City: *New Delhi* State: _____ PIN Code: *110064*
 Recipient's GSTIN*: _____
*Where Applicable

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) _____
Above charges are inclusive of GST & other taxes if applicable

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

U23902312

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.

Mode of Payment: Cash Card Wallet
11 Booking Branch / Franchisee Code _____
 Courier Signature _____

12 Risk Surcharge
 Owner _____
 Carrier _____

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

ORIGIN LRP

DEST. New Delhi

POUCH NO.

DATE 1/8/23

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Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

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

2 Recipient's (Consignee) Name: Mrs. Priyanka Chandra
Company Name & Address: DTDC Health Services
City: New Delhi State: _____ PIN Code: 110014
Recipient's GSTIN*: _____ *Where Applicable

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) _____
Above charges are inclusive of GST & other taxes if applicable
Mode of Payment: Cash Card Wallet

8 Mode (✓) Surface Air Cargo Express

Consignment Number: 
U23902311

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 _____
Owner _____
Carrier _____

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