



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

ORIGIN-

DEST.

POUCH NO.

DATE

23/9/2023

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: **Furham Kadum**
 Company Name & Address: **D CDC Kidney Care**
Anaeth-Hospital Lucknow
 City: _____ State: _____ PIN Code: _____
 Sender's GSTIN*: **7860612222** *Where Applicable

2 Recipient's (Consignee) Name: **To Mz Sahaea Hospital**
 Company Name & Address: **Jaunpur Simaria**
Post Kemsu Tehsil
Milk (Raipur)
 City: _____ State: _____ PIN Code: _____
 Recipient's GSTIN*: **827953402** **243701** *Where Applicable

3 Nature of consignment: Dox Non-Dox Total Num Pcs: _____
 DIM 1: _____ cm X _____ cm X _____ cm Pcs Actual Wt.: _____ kg
 DIM 2: _____ cm X _____ cm X _____ cm Pcs Volumetric Wt.: _____ kg
 DIM 3: _____ cm X _____ cm X _____ cm Pcs Chargeable Wt.: _____ kg

4 Description of Content
 Total Value of consignment for carriage / E-Way bill
 ₹ **360/-**

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

8 Mode (✓) Surface Air Cargo Express

Consignment Number: 
U25668284

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