



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

Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

1 Sender's (Consignor) Name: Dodd Kidney Care
 Company Name & Address: _____

City: ENL State: _____ PIN Code: 552001
 Sender's GSTIN*: _____

3 Nature of consignment (✓) Dox Non-Dox Total Num Pcs: _____

DIM 1: L cm X B cm X H cm X Actual Wt.: _____ Kg
 DIM 2: L cm X B cm X H cm X Volumetric Wt.: _____ Kg
 DIM 3: L cm X B cm X H cm X Chargeable Wt.: _____ Kg

5 Paper Work Enclosures _____

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

<http://www.dtdc.in> || customersupport@dtcd.com || [+91-9606911811](http://91-9606911811)

ORIGIN _____ **DEST.** _____
POUCH NO. _____ **DATE** 4/7/24

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.

2 Recipient's (Consignee) Name: DTDC Dialysis Center
 Company Name & Address: _____

City: Hobli State: UP PIN Code: 201101
 Recipient's GSTIN*: _____

4 Description of Content: Dialyzer
 Total Value of consignment for carriage / E-Way bill: ₹ 720/-

6 Type of consignment (✓) Commercial Non Commercial
7 Value Added Services: SECURE PACK CN Expiry Date _____

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



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

Owner Carrier

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