



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

ORIGIN

DEST.

POUCH NO.

DATE

1/4/24

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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: **Kuna baing** Ph: _____
 Company Name & Address: **Anil Govt Area Hospital**
 City: _____ State: _____ PIN Code: **VMD**
 Sender's GSTIN*: _____ *Where Applicable

2 Recipient's (Consignee) Name: **Ajit Singh** Ph: _____
 Company Name & Address: **DTDC Health New Delhi**
 City: _____ State: _____ PIN Code: _____
 Recipient's GSTIN*: _____ *Where Applicable

3 Nature of consignment (✓) Dox Non-Dox
 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
₹ 150

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)

8 Mode (✓) Surface Air Cargo Express
 Consignment Number: **H46402459**

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
 12 Risk Surcharge

Owner
 Carrier

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