



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: Rajani Kant Ph: _____
 Company Name & Address: Chandele
 City: _____ State: _____ PIN Code: _____
 Sender's GSTIN*: _____ *Where Applicable

2 Recipient's (Consignee) Name: Hema Bhat Ph: _____
 Company Name & Address: _____
 City: New Delhi 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: Medical Equipment Total Value of consignment for carriage / E-Way bill: ₹ _____

5 Paper Work Enclosures _____

6 Type of consignment (✓) Commercial Non Commercial
 7 Value Added Services: SECURE PACK 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+GST)	_____
b) Value Added Service Charges	_____
c) Risk Surcharge	_____
d) Total amount (a+b+c)	_____

8 Mode (✓) Surface Air Cargo Express

Consignment Number:  **D76017965**

Sender's Signature & Seal
 Date: _____ Time: _____ AM/PM
 I have read and understood terms & conditions printed overleaf of this consignment note and agree to the same.

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

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

11 Booking Branch / Franchisee Code: _____
 Courier Signature: _____

12 Risk Surcharge
 Owner
 Carrier

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