



**Trackon**  
 Couriers Pvt. Limited  
 A-64, Naraina Industrial Area, Phase-1, New Delhi-110028  
 CIN : U63013DL2002PTC113971

TEL. : +91 8448011011  
 Web. : www.trackon.in



1103778635

<b>CONSIGNOR</b> MR Sachin Kumar DCDC BLSM		<b>CONSIGNEE</b> MR Asheraj Kumar AIC Dep. DCDC Health Care Serv. Pvt Ltd New Delhi		<b>ORIGIN</b> BLSM	<b>DESTINATION</b> DELHI
<b>SHIPPER'S COPY</b> Received by TCPL 02-11-22		I warrant that all details given herein are true and correct. I accept the terms of carriage.		Received Pkt(s)/Parcel(s) in order & good Condition	<b>DOX / N.DOX</b> PCS.
DATE	TIME	Name (Please affix your stamp)	Signature	<b>WEIGHT</b>	<b>AIR / SURFACE</b>
		Date :	Time :	<b>COURIER CHARGES</b>	
				<b>RISK SURCHARGE</b>	
				<b>GST</b>	
				<b>TOTAL</b>	60/-
				<b>CASH</b> <input type="checkbox"/>	<b>CREDIT</b> <input checked="" type="checkbox"/>

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<b>CONSIGNOR</b> MR Sachin Kumar DCDC Health care BLSM		<b>CONSIGNEE</b> MR Asheraj Kumar AIC DEPARTMENT DCDC Health Ser. New Delhi		<b>ORIGIN</b> BLSM	<b>DESTINATION</b> DELHI
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<b>CONSIGNOR</b> MR Sachin Kumar DC DC Health Care Bilaspur		<b>CONSIGNEE</b> MIS Priyanka SIM DCDC Health Services New Delhi		<b>ORIGIN</b> BILSP	<b>DESTINATION</b> DELHI
If not covered by special risk surcharges, claim value on this shipper shall in no circumstances exceed Rs. 2000/- (Rupees Two Thousand Only) For parcels and Rs. 100/- (Rupees One Hundred Only) For Packet of Documents <b>READ TERMS &amp; CONDITIONS PRINTED OVERLEAF CAREFULLY</b>		Received Pkt(s)/Parcel(s) in order & good Condition		<b>DOX / N.DOX</b>	<b>PCS.</b> 1
<b>SHIPPER'S COPY</b> Received by TCPL 02-11-22		I warrant that all details given herein are true and correct. I accept the terms of carriage.		<b>WEIGHT</b>	<b>AIR / SURFACE</b>
<b>DATE</b>	<b>TIME</b>	Name (Please affix your stamp)		<b>COURIER CHARGES</b>	60/-
Sender's Signature		Signature		<b>RISK SURCHARGE</b>	
Date :		Time :		<b>GST</b>	
				<b>TOTAL</b>	
				<b>CASH</b> <input type="checkbox"/>	<b>CREDIT</b> <input type="checkbox"/>

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<b>CONSIGNOR</b> MR Sachin Kumar DC DC Health Care Bilaspur		<b>CONSIGNEE</b> MR. Sudheer Sigh Billing Dep. DCDC Health Services New Delhi		<b>ORIGIN</b> BILSP	<b>DESTINATION</b> NEW DEL
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<b>SHIPPER'S COPY</b> Received by TCPL 02-11-22		I warrant that all details given herein are true and correct. I accept the terms of carriage.		<b>WEIGHT</b>	<b>AIR / SURFACE</b>
<b>DATE</b>	<b>TIME</b>	Name (Please affix your stamp)		<b>COURIER CHARGES</b>	60/-
Sender's Signature		Signature		<b>RISK SURCHARGE</b>	
Date :		Time :		<b>GST</b>	
				<b>TOTAL</b>	
				<b>CASH</b> <input checked="" type="checkbox"/>	<b>CREDIT</b> <input type="checkbox"/>

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**CONSIGNOR** MR Sachin  
 DCDC Health  
 Ser. Pvt Ltd  
 Bileyapur

**CONSIGNEE** MR Ajit Singh  
 DCDC Health Ser  
 Pvt Ltd  
 New Delhi

ORIGIN	DESTINATION
BISPAN	DELHI
DOX / N.DOX	PCS. 1
WEIGHT 1.30kg	AIR / SURFACE
COURIER CHARGES	
RISK SURCHARGE	
GST	
TOTAL	120/-
CASH <input type="checkbox"/>	CREDIT <input checked="" type="checkbox"/>

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**READ TERMS & CONDITIONS PRINTED OVERLEAF CAREFULLY**

**SHIPPER'S COPY**  
 Received by TCPL  
 02-11-22  
 DATE TIME

I warrant that all details given herein are true and correct. I accept the terms of carriage.  
 Sender's Signature

Received Pkt(s)/Parce(s) in order & good Condition  
 Name (Please affix your stamp) Signature  
 Date : Time :

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