
 <b>DTDC Express Limited</b> Regd. Office: No-3, Victoria Road Bengaluru - 560047		<b>ORIGIN</b> _____	<b>DEST.</b> _____
<b>Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.</b>		<b>POUCH NO.</b> _____	<b>DATE</b> _____
<b>1</b> Sender's (Consignor) Name: <u>Sachin cm.</u> Company Name & Address: <u>DCDC RH</u> City: _____ State: _____ PIN Code: _____ Sender's GSTIN*: <u>BLASHP174001</u>		<b>2</b> Recipient's (Consignee) Name: <u>Aditya Ranu</u> Company Name & Address: <u>Dept of Health</u> City: <u>New Delhi</u> State: _____ PIN Code: _____	
<b>3</b> Nature of consignment (✓) <input checked="" type="checkbox"/> Box <input type="checkbox"/> Non-Box DIM 1: L cm X B cm X H cm X Pcs DIM 2: L cm X B cm X H cm X Pcs DIM 3: L cm X B cm X H cm X Pcs Total Num Pcs: _____ Actual Wt.: _____ kg Volumetric Wt.: _____ kg Chargeable Wt.: _____ kg		<b>4</b> Description of Content: <u>Medicine</u> Total Value of consignment for carriage / E-Way bill: ₹ _____	
<b>5</b> Paper Work Enclosures		<b>6</b> Type of consignment (✓) <input type="checkbox"/> Commercial <input type="checkbox"/> Non Commercial <b>7</b> Value Added Services: <input type="checkbox"/> Not Available <input type="checkbox"/> CN Expiry Date: _____	
<b>10</b> 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		<b>8</b> Mode (✓) <input checked="" type="checkbox"/> Surface <input type="checkbox"/> Air Cargo <input type="checkbox"/> Express	
<b>9</b> Charges Amount(₹) a) Tariff (incl. OF FSC + Taxes) _____ b) Risk Surcharge _____ c) Total amount (a+b) <u>150</u>		<b>11</b> Booking Branch / Franchisee Code: _____	
Sender's Signature & Seal: <u>[Signature]</u> Date: _____ Time: _____ AM/PM I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.		<b>12</b> Risk Surcharge: _____ Owner: _____ Carrier: _____	
<a href="http://www.dtdc.in">http://www.dtdc.in</a>    <a href="mailto:customersupport@dtdc.com">customersupport@dtdc.com</a>    +91-7305770577		<b>SENDER COPY</b> <span style="float: right;">March 2023</span>	

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<b>1</b> Sender's (Consignor) Name: <u>Sachin cm.</u> Company Name & Address: <u>DC dialysis</u> City: <u>BLASHP</u> State: _____ PIN Code: <u>174001</u> Sender's GSTIN*: <u>BLASHP174001</u>		<b>2</b> Recipient's (Consignee) Name: <u>Anishuman Patil</u> Company Name & Address: <u>Sem. executive</u> City: <u>Delhi</u> State: _____ PIN Code: _____	
<b>3</b> Nature of consignment (✓) <input checked="" type="checkbox"/> Box <input type="checkbox"/> Non-Box DIM 1: L cm X B cm X H cm X Pcs DIM 2: L cm X B cm X H cm X Pcs DIM 3: L cm X B cm X H cm X Pcs Total Num Pcs: _____ Actual Wt.: _____ kg Volumetric Wt.: _____ kg Chargeable Wt.: _____ kg		<b>4</b> Description of Content: <u>Medicine</u> Total Value of consignment for carriage / E-Way bill: ₹ _____	
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<b>10</b> 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		<b>8</b> Mode (✓) <input checked="" type="checkbox"/> Surface <input type="checkbox"/> Air Cargo <input type="checkbox"/> Express	
<b>9</b> Charges Amount(₹) a) Tariff (incl. OF FSC + Taxes) _____ b) Risk Surcharge _____ c) Total amount (a+b) <u>100</u>		<b>11</b> Booking Branch / Franchisee Code: _____	
Sender's Signature & Seal: <u>[Signature]</u> Date: _____ Time: _____ AM/PM I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.		<b>12</b> Risk Surcharge: _____ Owner: _____ Carrier: _____	
<a href="http://www.dtdc.in">http://www.dtdc.in</a>    <a href="mailto:customersupport@dtdc.com">customersupport@dtdc.com</a>    +91-7305770577		<b>SENDER COPY</b> <span style="float: right;">March 2023</span>	



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**ORIGIN**  
**POUCH NO.**

**DEST.**  
**DATE**



1 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's channel partner as the case may be, upon request.

2 Sender's (Consignor) Name: Sachin Cm. Ph: cm  
 Company Name & Address: D. C. Dialux  
Unit RTH Bangalore  
 City: RTH State: KA PIN Code: 560047  
 Sender's GSTIN: 17AABR123456789

3 Recipient's (Consignee) Name: Ashish Kom Ph:   
 Company Name & Address: D. C. Dialux  
Unit RTH Bangalore  
 City: RTH State: KA PIN Code: 560047  
 Recipient's GSTIN: 17AABR123456789

3 Nature of consignment (✓) Dox  Non-Dox  Total Num Pcs: 1  
 DIM 1: L cm X B cm X H cm X Pcs Actual Wt.: 100 kg  
 DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt.: 100 kg  
 DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: 100 kg

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

5 Paper Work Enclosures

6 Type of consignment (✓) Commercial  Non Commercial  7 Value Added Services Not Available CN Expiry Date

10 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) 100  
 Above charges are inclusive of GST & other taxes if applicable

8 Mode (✓) Surface  Air Cargo  Express

Sender's Signature & Seal: [Signature]  
 Date: 04/04/24 times AM/PM

11 Booking Branch / Franchisee Code  
 Mode of Payment: Cash  Card  Wallet

Consignment Number: T21034098

12 Risk Surcharge Owner Carrier

