



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

ORIGIN

HHP

DEST.

New Delhi

POUCH NO.

DATE

05/12/23

Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

1 **Sender's (Consignor) Name:** *Sachin Kumar*

Company Name & Address: *R.H. Bilalpur*

City: *HHP* **State:** *HP* **PIN Code:** *174001*

3 **Nature of consignment (✓)** **Dox** **Non-Dox** **Total Num Pcs:** *100*

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

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
05/12/23
 Date: *05/12/23* Time: *AM/PM*

9 **Charges** **Amount(₹)**

a) Tariff (incl. Of FSC + Taxes)

b) Risk Surcharge

c) Total amount (a+b) *80.00*

11 **Booking Branch / Franchisee Code**

2 **Recipient's (Consignee) Name:** *Dr. D.D.C. Health Services*

Company Name & Address: *Dr. D.D.C. Health Services*

City: *New Delhi* **State:** *Delhi* **PIN Code:** *110064*

4 **Description of Content** *Dox* **Total Value of consignment for carriage / E-Way bill**

6 **Type of consignment (✓)** **Mode (✓)** **Surface** **Air Cargo** **Express**

8 **Consignment Number:** *T21034109*

12 **Risk Surcharge** **Owner** **Carrier**

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9 **Charges** **Amount(₹)**

a) Tariff (incl. Of FSC + Taxes)

b) Risk Surcharge

c) Total amount (a+b) *80.00*

11 **Booking Branch / Franchisee Code**

2 **Recipient's (Consignee) Name:** *Dr. D.D.C. Health Services*

Company Name & Address: *Dr. D.D.C. Health Services*

City: *New Delhi* **State:** *Delhi* **PIN Code:** *110064*

4 **Description of Content** *Dox* **Total Value of consignment for carriage / E-Way bill**

6 **Type of consignment (✓)** **Mode (✓)** **Surface** **Air Cargo** **Express**

8 **Consignment Number:** *T21034108*

12 **Risk Surcharge** **Owner** **Carrier**

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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.		POUCH NO.	DATE
1 Sender's (Consignor) Name: Sachin Kumar		2 Recipient's (Consignee) Name: ASH High			
Company Name & Address: R.H. Bilasara		Company Name & Address: DTDC Health Ses			
City: Bilaluru State: HR		City: Putturu State: CR		PIN Code: New Delhi	
3 Nature of consignment (✓) <input checked="" type="checkbox"/> Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/>		4 Description of Content: Pamela		Total Value of consignment for carriage / E-Way bill	
DIM 1: L cm X B cm X H cm X Pcs		Actual Wt.: 1.550 kg			
DIM 2: L cm X B cm X H cm X Pcs		Volumetric Wt.: 1.550 kg			
DIM 3: L cm X B cm X H cm X Pcs		Chargeable Wt.: 1.550 kg			
5 Paper Work Enclosures		6 Type of consignment (✓) <input type="checkbox"/> Commercial <input type="checkbox"/> Non Commercial <input type="checkbox"/>		7 Value Added Services <input type="checkbox"/> Not Available	
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(₹)		8 Mode (✓) <input checked="" type="checkbox"/> Surface <input type="checkbox"/> Air Cargo <input type="checkbox"/> Express <input type="checkbox"/>	
		a) Tariff (incl. Of FSC + Taxes)		Consignment Number: T21034111	
		b) Risk Surcharge			
		c) Total amount (a+b) 160.00			
Sender's Signature & Seal: Sachin Kumar		Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/>		12 Risk Surcharge	
Date: 05/12/23 Time: AM/PM		11 Booking Branch / Franchise Code		Owner	
I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.		Courier Signature		Carrier	
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1 Sender's (Consignor) Name: Sachin Kumar		2 Recipient's (Consignee) Name: Asheesh Rang			
Company Name & Address: R.H. Bilasara		Company Name & Address: DTDC Health Ses			
City: Bilaluru State: HR		City: Putturu State: CR		PIN Code: New Delhi	
3 Nature of consignment (✓) <input checked="" type="checkbox"/> Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/>		4 Description of Content: Pamela		Total Value of consignment for carriage / E-Way bill	
DIM 1: L cm X B cm X H cm X Pcs		Actual Wt.: 1.00 kg			
DIM 2: L cm X B cm X H cm X Pcs		Volumetric Wt.: 1.00 kg			
DIM 3: L cm X B cm X H cm X Pcs		Chargeable Wt.: 1.00 kg			
5 Paper Work Enclosures		6 Type of consignment (✓) <input type="checkbox"/> Commercial <input type="checkbox"/> Non Commercial <input type="checkbox"/>		7 Value Added Services <input type="checkbox"/> Not Available	
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(₹)		8 Mode (✓) <input checked="" type="checkbox"/> Surface <input type="checkbox"/> Air Cargo <input type="checkbox"/> Express <input type="checkbox"/>	
		a) Tariff (incl. Of FSC + Taxes)		Consignment Number: T21034110	
		b) Risk Surcharge			
		c) Total amount (a+b) 80.00			
Sender's Signature & Seal: Sachin Kumar		Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/>		12 Risk Surcharge	
Date: 05/12/23 Time: AM/PM		11 Booking Branch / Franchise Code		Owner	
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