



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

ORIGIN _____ **DEST.** Delhi - 06
POUCH NO. _____ **DATE** 4/10/23

Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

1 **Sender's (Consignor) Name:** Mrs. Hem Raj Singh
Company Name & Address: Civil Hospital
City: Delhi **State:** _____ **PIN Code:** 123001
Sender's GSTIN*: _____

2 **Recipient's (Consignee) Name:** Prayam Pg A/c of Finance Deptt
Company Name & Address: Phase-2 Indl. Area
City: N. Delhi **State:** _____ **PIN Code:** 110064
Recipient's GSTIN*: _____

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** _____ **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** _____

0 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) 1500
 Above charges are inclusive of GST & other taxes if applicable

8 **Mode (✓)** **Surface** **Air Cargo** **Express**

Consignment Number: _____

W13307407

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

11 **Booking Branch / Franchisee Code** _____

Courier Signature

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

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