

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

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1 Consignor Name: Sh. Hemraj Singh
 Company Name & Address: DDDC Kidney Care
 City: CH. NARANAVU PIN Code: 123001
 Sender's GSTIN*:

ORIGIN _____ **DEST.** Delhi-06
POUCH NO. _____ **DATE** _____
2 Recipient's (Consignee) Name: Kalkasham. Nag
 Company Name & Address: Health Services Pvt Ltd
 City: Delhi State: 110067 PIN Code: _____
 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) _____ ₹

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. DIFSC + Taxes) 400
 b) Risk Surcharge _____
 c) Total amount (a+b) _____
 Above charges are inclusive of GST & other charges
 Mode of Payment: Cash Card Wallet

6 Type of consignment (✓) Commercial Non-Commercial
7 Value Added Services Not Available CH Expiry Date _____
8 Mode (✓) Surface Air Cargo Express
 Consignment Number: W13307256

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

11 Booking Branch / Franchisee Code _____
 Franchisee Signature _____

12 Risk Surcharge
 Owner _____
 Carrier _____

Goods may be exchanged within _____
 Cancellation of Cash Memo (timing: 1pm to 4pm)