

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

Download MyDTDC app

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

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

Charges	Amount (₹)
a) Tariff (incl. DIFSC + Taxes)	<u>400</u>
b) Risk Surcharge	
c) Total amount (a+b)	

Above charges are inclusive of GST & other charges as applicable  
 Mode of Payment: Cash  Card  Wallet

**6** Type of consignment (✓)  
 Commercial  Non-Commercial   
**7** Value Added Services: Not Available  
 CM 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 \_\_\_\_\_  
 Issuance of Cash Memo (timing: 1pm to 4pm)