



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

ORIGIN

DEST. Delhi-06h

POUCH NO.

DATE 6/10/23

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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.

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

2 Recipient's (Consignee) Name: Rah Kan Sham Daaz
 Company Name & Address: DTDC Health Service Pvt LTD
 City: Delhi-06h State: _____ 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.: 0.920 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 _____

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. Of FSC - Taxes) _____
 b) Risk Surcharge _____
 c) Total amount (a+b) 300
 Above charges are inclusive of GST & other taxes if applicable
 Mode of Payment: Cash Card Wallet

8 Mode (✓) Surface Air Cargo Express
 Consignment Number: **W13307406**

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 _____
 Courier Signature:

12 Risk Surcharge _____
 Owner: _____
 Carrier: _____

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