



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

ORIGIN

DEST.

POUCH NO.

DATE

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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: R. Kranthi Kumar Ph: _____
 Company Name & Address: Government Hospital
 State: K.M.M. D.D.C. PIN Code: _____
 City: _____ *Where Applicable

2 Recipient's (Consignee) Name: Dijith Singh Ph: _____
 Company Name & Address: Operations Manager
 City: _____ State: _____ PIN Code: _____
 Recipient's GSTIN*: DDDC H.S. *Where Applicable

Nature of consignment (✓)	Dox <input type="checkbox"/>	Non-Dox <input type="checkbox"/>	Total Num Pcs.	Actual Wt.: kg	Volumetric Wt.: kg	Chargeable Wt.: kg
M 1: L	cm X B	cm X H	cm X Pcs			
M 2: L	cm X B	cm X H	cm X Pcs			
M 3: L	cm X B	cm X H	cm X Pcs			


4 Description of Content: New Delh. Total Value of consignment for carriage / E-Way bill: ₹ _____

Paper Work Enclosures
 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	<u>250</u>
c)	Total amount (a+b)	

6 Type of consignment: Commercial Non-Commercial
7 Value Added Services: Not Available CN Expiry Date: _____

8 Mode: Surface Air Cargo Express

Consignment Number: _____

H48153205

Signature & Seal: [Signature] Time: _____ AM/PM
 I have read and understood terms & conditions printed overleaf of consignment note and I agree to the same.
www.dtdc.in || customersupport@dtdc.com || +91 9606 911 811

Mode of Payment: Cash Card Wallet
11 Booking Branch / Franchisee Code: _____

12 Risk Surcharge: _____
 Owner: _____
 Carrier: _____

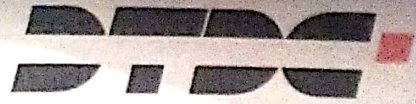
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SENDER COPY

Jan 2024



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

ORIGIN _____ **DEST.** _____
POUCH NO. _____ **DATE** _____

on 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 it's channel partner as the case may be, upon request.

Sender's (Consignor) Name: R. Kranthi Kumar
Company Name & Address: Government Hospital

Recipient's (Consignee) Name: Pradeep Rai
Company Name & Address: Facility Manager

State: Karnataka **PIN Code:** 560047
Sender's GSTIN*: DDCDHS

City: Bengaluru **State:** Karnataka **PIN Code:** 560047
Recipient's GSTIN*: DDCDHS

Nature of consignment	Dox	Non-Dox	Total Num Pcs:
M 1: L cm X B cm X H cm X Pcs	<input type="checkbox"/>	<input type="checkbox"/>	Actual Wt.: kg
M 2: L cm X B cm X H cm X Pcs	<input type="checkbox"/>	<input type="checkbox"/>	Volumetric Wt.: kg
M 3: L cm X B cm X H cm X Pcs	<input type="checkbox"/>	<input type="checkbox"/>	Chargeable Wt.: kg

4 Description of Content: New Deh
Total Value of Consignment for carriage / E-Way bill: ₹

Paper Work Enclosures

6 Type of consignment: Commercial Non-Commercial
7 Value Added Services: Not Available
8 CM Expiry Date: _____

9 Charges

Charges	Amount(₹)
a) Tariff (incl. Of FSC + Taxes)	
b) Risk Surcharge	250
c) Total amount (a+b)	

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

8 Mode (✓): Surface Air Cargo Express
Consignment Number: H48153206

10 Signature & Seal: 1/7/24
 I have read and understood terms & conditions printed overleaf of consignment note and I agree to the same.

11 Booking Branch / Franchisee Code: _____
12 Risk Surcharge: Owner _____ Carrier _____

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