

DCDC DISTRICT HOSPITAL GHAZIPUR

Date - 07.11.2022

Name - CHANDAULI CENTRE

Rs- 280/00

Received Sing

ASU

Time - 02:00PM

Particulars -

Blood Tubing

Center Name





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



Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

| | | | |
|------------------|-------------|--------------|-------------|
| ORIGIN | <i>Leaf</i> | DEST: | <i>Devi</i> |
| POUCH NO. | | DATE: | |

1 **Sender's (Consignor) Name:** *Shafreena S/K*
Company Name & Address: _____
City: *K 2 F* **State:** _____
Sender's GSTIN*: _____

2 **Recipient's (Consignee) Name:** *Mr Nand Nana*
Company Name & Address: *DTDC PEELUR*
City: *NEW DEVI* **State:** _____
Recipient's GSTIN*: _____

3 **Nature of consignment** **Box** **Non-Box**
 DIM 1: L cm X B cm X H cm X Pcs
 DIM 2: L cm X B cm X H cm X Pcs
 DIM 3: L cm X B cm X H cm X Pcs

4 **Description of Content** _____
Value of Goods _____

Total Num Pcs: _____
Actual Wt.: _____ kg
Volumetric Wt.: _____ kg
Chargeable Wt.: _____ kg

6 **Type of consignment (Please ✓)**
 Commercial Non Commercial
 7 **Value Added Services**
 - Not Available

5 **Paper Work Enclosures** _____

8 **Mode:** **Surface** **Air cargo** **Express**
Consignment Number: _____

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 *185*
 c) Total amount (a+b) _____

11 **Mode of Payment:** **Cash** **Card** **Wallet**
Booth/ Branch / Franchisee Code _____
Courier Signature _____

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

Date: _____ Time: _____ AM/PM
 I have read and understood terms & conditions of carriage mentioned on website www.dtcd.in and I agree to the same.

<http://www.dtcd.in> | customersupportdtcd.com | +91-7305770577
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DTDC Express Limited
 Regd. Office: No-3, Victoria Road
 Bengaluru - 560047

dtcd lite
 Courier and Cargo Services by DTDC

Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

1 **Sender's (Consignor) Name:** Shatrudhan Singh
Company Name & Address: _____
City: _____ **State:** _____ **PIN Code:** _____

Sender's GSTIN*: _____

| 3 | Nature of consignment | Box <input type="checkbox"/> | Non-Box <input type="checkbox"/> | Total Num Pcs: |
|--------|-----------------------|------------------------------|----------------------------------|----------------|
| DIM 1: | L cm X B cm X H | cm X H | cm X | Pcs |
| DIM 2: | L cm X B cm X H | cm X H | cm X | Pcs |
| DIM 3: | L cm X B cm X H | cm X H | cm X | Pcs |

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) 150
 d) Total amount (a+b) _____

11 **Booking Branch / Franchisee Code** _____
Courier Signature _____

ORIGIN ELF **DEST:** Delhi
POUCH NO. _____ **DATE:** 21/11/22

2 **Recipient's (Consignee) Name:** Phy yanko **Ph:** _____
Company Name & Address: Supply Chain Manager
City: NEW DELHI **State:** _____ **PIN Code:** 110064

Recipient's GSTIN*: _____

| 4 | Description of Content | Value of Goods |
|--|---|----------------------|
| The Total Value of consignment for carriage / E-Way bill | | |
| 6 | Type of consignment (Please ✓ 1) | Value Added Services |
| Commercial <input type="checkbox"/> | Non Commercial <input type="checkbox"/> | - Not Available |
| 7 | Value Added Services | CN Expiry Dt.: |

8 **Mode:** Surface Air cargo Express
Consignment Number: _____

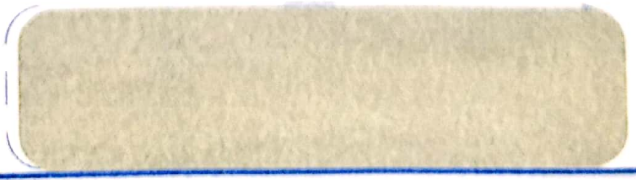
12 **Risk Surcharge**
Owner _____
Carrier _____



U19705990

Date: _____ Time: _____ AM/PM
 I have read and understood terms & conditions of carriage mentioned on website www.dtcd.in and I agree to the same
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Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

1 Sender's (Consignor) Name: Shobendra Singh
 Company Name & Address: _____

City: _____ PIN Code: _____

Sender's GSTIN*: _____

| 3 Nature of consignment | Dox <input type="checkbox"/> | Non-Dox <input type="checkbox"/> | Total Num Pcs: | Where Applicable |
|-------------------------|------------------------------|----------------------------------|----------------|------------------|
| DIM 1: L | cm X B | cm X H | cm X | Pcs |
| DIM 2: L | cm X B | cm X H | cm X | Pcs |
| DIM 3: L | cm X B | cm X H | cm X | Pcs |
| 5 Paper Work Enclosures | | | | |

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

Sender's Signature & Seal _____

Date: _____ Time: _____ AM/PM

I have read and understood terms & conditions of carriage mentioned on website www.dtcd.in and I agree to the same
<http://www.dtcd.in> | customersupportdtcd.com | +91-7305770577

| ORIGIN | DEST: | POUCH NO. | DATE: |
|--------|-------|-----------|-------|
| | | | |

2 Recipient's (Consignee) Name: Mrs Piyanka Choudhary
 Company Name & Address: DEDE
 City: New Delhi PIN Code: 110064

City: New Delhi PIN Code: 110064
 Recipient's GSTIN*: _____

| 4 Description of Content | Value of Goods |
|--------------------------|----------------|
| | |

6 Type of consignment (Please ✓) Commercial Non Commercial
 7 Value Added Services - Not Available CM Expiry Dt.: _____

8 Mode: Surface Air cargo Express

9 Charges Amount(₹)
 a) Tariff Incl. Of FSC + Taxes) _____
 b) Risk Surcharge _____
 c) Total amount (a+b) 150

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

12 Risk Surcharge _____
 Owner _____
 Carrier _____



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



Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

1 Sender's (Consignor) Name: Shobendra Singh
 Company Name & Address: _____
 City: _____ State: _____ PIN Code: _____

2 Recipient's (Consignee) Name: M/S S. H. Reddy BWS
 Company Name & Address: _____
 City: Bolli State: _____ PIN Code: 10064

3 Nature of consignment Dox Non-Box Total Num Pcs: _____
 DIM 1: L cm X B cm X H cm X Actual Wt.: _____ kg
 DIM 2: L cm X B cm X H cm X Volumetric Wt.: _____ kg
 DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: _____ kg
 5 Paper Work Enclosures

9 Charges Amount (₹)
 a) Tariff (incl. Of FSC + Taxes) _____
 b) Risk Surcharge 150
 c) Total amount (a+b) _____
 Above charges are inclusive of GST & other taxes if applicable.

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

Date: _____ Time: _____ AM/PM
 I have read and understood terms & conditions of carriage mentioned on website www.dtcd.in and I agree to the same.
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ORIGIN BNP DEST: Delhi
 POUCH NO. _____ DATE: 02/11/22

4 Description of Content _____ Value of Goods _____
 Recipient's GSTIN*: _____

6 Type of consignment (Please ✓) Commercial Non Commercial
 7 Value Added Services - Not Available CN Expiry Dt.: _____

8 Mode: Surface Air cargo Express
 Consignment Number: _____

12 Risk Surcharge
 Owner _____
 Carrier _____

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