

<b>DTDC</b>		<b>DTDC Express Limited</b> Regd. Office: No-3, Victoria Road Bengaluru - 560047		<b>ORIGIN</b>	<b>DEST. B</b>
<b>POUCH NO.</b>		<b>DATE</b>		2/8/23	
Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction. <small>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.</small>					
1 <b>Sender's (Consignor) Name:</b> DCDC Kidney Care			2 <b>Recipient's (Consignee) Name:</b> Miss Heena C-185 first		
Company Name & Address: Civil Hospital Soubar			Company Name & Address: Maya Puri A-II		
City: State: 850600			City: Delhi State: 850600 PIN Code: 110027		
Sender's GSTIN*:			Recipient's GSTIN*:		
3 <b>Nature of consignment</b> (✓) <input type="checkbox"/> Dox <input type="checkbox"/> <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs:		4 <b>Description of Content</b> Total Value of consignment for carriage / E-Way bill			
DIM 1: L cm X B cm X H cm X Pcs Actual Wt.: kg		5 <b>Paper Work Enclosures</b>			
DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt.: kg		6 <b>Type of consignment</b> (✓) <input type="checkbox"/> Commercial <input type="checkbox"/> Non Commercial <input type="checkbox"/> 7 <b>Value Added Services</b> Not Available <b>CN Expiry Date</b>			
DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: kg		8 <b>Mode</b> (✓) <input type="checkbox"/> Surface <input type="checkbox"/> Air Cargo <input type="checkbox"/> Express <input type="checkbox"/>			
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 <b>Charges</b> Amount(₹)		Consignment Number: T19884383	
Sender's Signature & Seal		a) Tariff (incl. Of FSC + Taxes) 500		11 <b>Booking Branch / Franchisee Code</b>	
Date: Time: AM/PM		b) Risk Surcharge		12 <b>Risk Surcharge</b>	
I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.		c) Total amount (a+b)		Owner	
http://www.dtdc.in    customersupport@dtcd.com    +91-7305770577		Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/>		Carrier	
		11 <b>Booking Branch / Franchisee Code</b>		SENDER COPY March 2023	

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1 <b>Sender's (Consignor) Name:</b> DTDC Kidney Care			2 <b>Recipient's (Consignee) Name:</b> Priyanka Chauhan		
Company Name & Address: Civil Hospital Soubar			Company Name & Address: Maya Puri A-II		
City: State: 850600			City: Delhi State: 850600 PIN Code: 110027		
Sender's GSTIN*:			Recipient's GSTIN*:		
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Sender's Signature & Seal		a) Tariff (incl. Of FSC + Taxes)		11 <b>Booking Branch / Franchisee Code</b>	
Date: Time: AM/PM		b) Risk Surcharge		12 <b>Risk Surcharge</b>	
I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.		c) Total amount (a+b)		Owner	
http://www.dtdc.in    customersupport@dtcd.com    +91-7305770577		Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/>		Carrier	
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1 <b>Sender's (Consignor) Name:</b> DTDC Kidney Care			2 <b>Recipient's (Consignee) Name:</b> Kalikashi Naag		
Company Name & Address: Civil Hospital Soubar			Company Name & Address: Maya Puri A-II		
City: State: 850600			City: Delhi State: 850600 PIN Code: 110027		
Sender's GSTIN*:			Recipient's GSTIN*:		
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Sender's Signature & Seal		a) Tariff (incl. Of FSC + Taxes) 700		11 <b>Booking Branch / Franchisee Code</b>	
Date: Time: AM/PM		b) Risk Surcharge		12 <b>Risk Surcharge</b>	
I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.		c) Total amount (a+b)		Owner	
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