



Trackkon

Couriers Pvt. Limited

A-64, Naraina Industrial Area, Phase-I, New Delhi-110028
CIN : U63013DL2002PTC113971

MOB. : 8448011011
Web. : www.trackkon.in



100011971285

CONSIGNOR
Kashant Singh
Center Manager
D.C.D.C. Kidney
Case SDR

CONSIGNEE
Saham Lal
D.C.D.C. Health Services
Mayapuri
Delhi

ORIGIN	DESTINATION
SDR	Delhi
DOX / N.DOX	PCS.
WEIGHT	AIR / SURFACE
COURIER CHARGES	
RISK SURCHARGE	
GST	
TOTAL	120
CASH <input type="checkbox"/>	CREDIT <input type="checkbox"/>

If not covered by special risk surcharges, claim value on this shipper shall in no circumstances exceed Rs. 2000/- (Rupees Two Thousand Only) For parcels and Rs. 100/- (Rupees One Hundred Only) For Packet of Documents
READ TERMS & CONDITIONS PRINTED OVERLEAF CAREFULLY

ACCOUNT'S COPY
Received by TCPL

I warrant that all details given herein are true and correct. I accept the terms of carriage.

Received Pkt(s)/Parcel(s) in order & good Condition

Name (Please affix your stamp) Signature

DATE TIME

Sender's Signature

Date : Time :

FOR YOUR PERSONAL AND VALUABLE ITEMS, USE OUR EXPRESS SERVICE - PRIME TRACK.



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100011971294

CONSIGNOR
Kashant Singh
Center Manager
D.C.D.C. Kidney Care
Distri Hospital
SDR

CONSIGNEE
Shamway Sahman
D.C.D.C. Health Services
Mayapuri
Delhi

ORIGIN	DESTINATION
SDR	Delhi
DOX / N.DOX	PCS.
WEIGHT	AIR / SURFACE
COURIER CHARGES	
RISK SURCHARGE	
GST	
TOTAL	120
CASH <input type="checkbox"/>	CREDIT <input type="checkbox"/>

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B - 100



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100011971303

CONSIGNOR
Kashant Singh
Center Manager
D.C.D.C. Kidney Care
Distri. Hospital
SDR

CONSIGNEE
Ms. Haman Sis
D.C.D.C. Health Services
Mayapuri
Delhi

ORIGIN	DESTINATION
SDR	Delhi
DOX / N.DOX	PCS.
WEIGHT	AIR / SURFACE
COURIER CHARGES	
RISK SURCHARGE	
GST	
TOTAL	320.20
CASH <input type="checkbox"/>	CREDIT <input type="checkbox"/>

If not covered by special risk surcharges, claim value on this shipper shall in no circumstances exceed Rs. 2000/- (Rupees Two Thousand Only) For parcels and Rs. 100/- (Rupees One Hundred Only) For Packet of Documents
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ACCOUNT'S COPY
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Received Pkt(s)/Parcel(s) in order & good Condition

Name (Please affix your stamp) Signature

DATE TIME

Sender's Signature

Date : Time :

