



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

ORIGIN

POUCH NO.

DEST.

DATE

17/08/24

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.

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1 Sender's (Consignor) Name: DTDC, Talavake  
 Company Name & Address: Hospital, Sindagi  
 City: Sindagi State: KAR PIN Code: 586128  
 Sender's GSTIN\*: \_\_\_\_\_

2 Recipient's (Consignee) Name: M. R. Rohan Anand  
 Company Name & Address: Mayapuri  
New Delhi  
 City: New Delhi State: \_\_\_\_\_ PIN Code: 110064  
 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.:	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:  SECURE PACK (7.1)  
 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

a) Tariff (incl. of FSC+GST)	300
b) Value Added Service Charges	
c) Risk Surcharge	
d) Total amount (a+b+c)	

8 Mode  Surface  Air Cargo  Express

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.

Above charges are inclusive of GST & other taxes if applicable  
 Mode of Payment: Cash  Card  Wallet   
 11 Booking Branch / Franchisee Code \_\_\_\_\_  
 Courier Signature \_\_\_\_\_

Consignment Number: D31346883  
 Mode of Payment: \_\_\_\_\_

13 Receiver's Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Company Stamp & Signature: \_\_\_\_\_  
 Ph No.: \_\_\_\_\_ Date: / / Time: \_\_\_\_\_ AM/PM

12 Risk Surcharge

Owner	<input type="checkbox"/>
Carrier	<input type="checkbox"/>

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