



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

ORIGIN

DEST.

POUCH NO.

DATE

15/07/23

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

1 **Sender's (Consignor) Name:** Miss. Mayuri Mazumdar **Ph:**

2 **Recipient's (Consignee) Name:** Rahul Bharadwaj **Ph:**

**Company Name & Address:**

**Company Name & Address:** DTDC Health Care

**City:** Kol **State:** W/B **PIN Code:** 107

**City:** NewTolka **State:** **PIN Code:** 11006

**Sender's GSTIN\*:** \*Where Applicable

**Recipient's GSTIN\*:** \*Where Applicable

3	Nature of consignment ( <input checked="" type="checkbox"/> Dox <input type="checkbox"/> Non-Dox )				Total Num Pcs:
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
					Actual Wt.: kg
					Volumetric Wt.: kg
					Chargeable Wt.: kg

4	Description of Content	Total Value of consignment for carriage / E-Way bill
		₹

5 **Paper Work Enclosures**

6	Type of consignment ( <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Non Commercial )	7	Value Added Services	CN Expiry Date
		SECURE PACK	7.1	

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+GST)	
b)	Value Added Service Charges	480/-
c)	Risk Surcharge	
d)	Total amount (a+b+c)	

8 **Mode (  Surface  Air Cargo  Express )**

**Sender's Signature & Seal**

Above charges are inclusive of GST & other taxes if applicable

Mode of Payment:  
 Cash  Card  Wallet

**Date:** **Time:** AM/PM

I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.

11 **Booking Branch / Franchisee Code**

12 **Courier Signature**

**Consignment Number:** D29949432

13 **Receiver's Name:**  
**Relationship:**  
**Company Stamp & Signature:**  
**Ph No.:**

**Risk Surcharge**

**Owner**

**Carrier**

**Date:** 10/07/23 **Time:** AM/PM

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