



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

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Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

ORIGIN _____ **DEST.** _____
POUCH NO. _____ **DATE** _____

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1 **Sender's (Consignor) Name:** Amareddy
Ph: _____
Sender Name & Address: JSM
State: _____ **PIN Code:** _____
Sender's GSTIN*: _____ *Where Applicable

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.

2 **Recipient's (Consignee) Name:** DTDC Health
Ph: _____
Company Name & Address: service ltd
 ne delhi
City: _____ **State:** _____ **PIN Code:** 110064
Recipient's GSTIN*: _____ *Where Applicable

Type of consignment (✓)		Total Num Pcs:	
Dox <input type="checkbox"/>	Non-Dox <input type="checkbox"/>		
cm X B	cm X H	cm X	Pcs
Actual Wt.:	kg		
cm X B	cm X H	cm X	Pcs
Volumetric Wt.:	kg		
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**
 ₹ 280/-

5 **Work Enclosures** _____


6 **Type of consignment (✓)** Commercial Non Commercial **7** **Value Added Services** Not Available **CN Expiry Date** _____

I declare that this consignment does not contain personal mail, cash, jewellery, band, illegal drugs, any prohibited and commodities which can cause hazards while transporting

9 **Charges** **Amount(₹)**

a) Tariff (incl. Of FSC + Taxes)	280
b) Risk Surcharge	
c) Total amount (a+b)	

Above charges are inclusive of GST & other taxes if applicable

8 **Mode (✓)** Surface Air Cargo Express
Consignment Number: 
 H46898732

10 **Signature & Seal**
 24/1/24
 Time: _____ AM/PM
 I declare that I have read the terms & conditions printed overleaf of this note and I agree to the same.

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

Owner _____
Carrier _____

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