



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

ORIGIN

DEST.

POUCH NO.

DATE

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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: Kindney Care
 Company Name & Address: Area Hsp/ Jangay
 City: _____ State: _____ PIN Code: _____
 Sender's GSTIN*: _____ *Where Applicable

2 Recipient's (Consignee) Name: DCDC HEALTH Service
 Company Name & Address: Pvt Ltd
New Delhi
 City: _____ State: _____ PIN Code: 110064
 Recipient's GSTIN*: _____ *Where Applicable

3 Nature of consignment Dox Non-Dox Total Num Pcs: _____
 IM 1: L _____ cm X B _____ cm X H _____ cm X _____ Pcs Actual Wt.: _____ kg
 IM 2: L _____ cm X B _____ cm X H _____ cm X _____ Pcs Volumetric Wt.: _____ kg
 IM 3: L _____ cm X B _____ cm X H _____ cm X _____ Pcs Chargeable Wt.: _____ kg

4 Description of Content: Regular 2025/1-
 Total Value of consignment for carriage / E-Way bill: ₹ 270

5 Paper Work Enclosures

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

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 + Taxes) 270
 b) Risk Surcharge _____
 c) Total amount (a+b) _____
 Above charges are inclusive of GST & other taxes if applicable
 Mode of Payment: Cash Card Wallet

8 Mode Surface Air Cargo Express

Consignment Number: H45921054

Sender's Signature & Seal: 2/2/24
 Time: _____ AM/PM
 I have read and understood terms & conditions printed overleaf of consignment note and I agree to the same.

11 Booking Branch / Franchisee Code _____
 Courier Signature _____

12 Risk Surcharge _____
 Owner _____
 Carrier _____

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