

DTDC		DTDC Express Limited Regd. Office: No-3, Victoria Road Bengaluru - 560047	ORIGIN	DEST.
			POUCH NO.	DATE
Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.				
1 Sender's (Consignor) Name: <u>Prakash Rg.</u> Ph: _____		2 Recipient's (Consignee) Name: <u>Hroom & P. D.</u> Ph: _____		
Company Name & Address: _____		Company Name & Address: _____		
City: _____ State: _____ PIN Code: _____		City: _____ State: _____ PIN Code: _____		
Sender's GSTIN*: _____		Recipient's GSTIN*: _____		
3 Nature of consignment (✓) <input checked="" type="checkbox"/> Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: _____		4 Description of Content _____		
DIM 1: L cm X B cm X H cm X Pcs Actual Wt.: _____ kg		Total Value of consignment for carriage / E-Way bill _____		
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				
5 Paper Work Enclosures		6 Type of consignment (✓) <input type="checkbox"/> Commercial <input type="checkbox"/> Non Commercial <input type="checkbox"/>		7 Value Added Services <input type="checkbox"/> Not Available
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(₹)		8 Mode (✓) <input checked="" type="checkbox"/> Surface <input type="checkbox"/> Air Cargo <input type="checkbox"/> Express <input type="checkbox"/>
		a) Tariff (incl. Of FSC + Taxes) _____		Consignment Number:  U23939837
		b) Risk Surcharge _____		
		c) Total amount (a+b) _____		
Sender's Signature & Seal _____		11 Booking Branch / Franchisee Code _____		12 Risk Surcharge
Date: _____ Time: _____ AM/PM		Courier Signature _____		Owner _____
I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.				Carrier _____
http://www.dtdc.in customersupport@dtdc.com +91-7305770577		SENDER COPY		March 2023

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1 Sender's (Consignor) Name: _____ Ph: _____		2 Recipient's (Consignee) Name: <u>MOHAD NOMAN</u> Ph: _____		
Company Name & Address: <u>VIVEK SARAF LAITPUR</u>		Company Name & Address: <u>DCDC HEALTH SERVICES</u>		
City: _____ State: _____ PIN Code: _____		City: <u>DELHI</u> State: <u>DELHI</u> PIN Code: <u>110064</u>		
Sender's GSTIN*: _____		Recipient's GSTIN*: _____		
3 Nature of consignment (✓) <input checked="" type="checkbox"/> Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: _____		4 Description of Content _____		
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		a) Tariff (incl. Of FSC + Taxes) _____		Consignment Number:  U23939838
		b) Risk Surcharge _____		
		c) Total amount (a+b) _____		
Sender's Signature & Seal _____		11 Booking Branch / Franchisee Code _____		12 Risk Surcharge
Date: _____ Time: _____ AM/PM		Courier Signature _____		Owner _____
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1 Sender's (Consignor) Name: _____ Ph: _____		2 Recipient's (Consignee) Name: _____ Ph: _____		
Company Name & Address: <u>MOHAK RAJGH</u>		Company Name & Address: <u>Shree K...</u>		
City: _____ State: <u>DCDC</u> PIN Code: _____		City: _____ State: <u>Delhi</u> PIN Code: _____		
Sender's GSTIN*: _____		Recipient's GSTIN*: _____		
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