



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

ORIGIN v JP **DEST.** New Delhi
POUCH NO. **DATE** 30/8/2023

Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

1 Sender's (Consignor) Name: Taluk Hospital Ph: _____
 Company Name & Address: Indir State: Dist: PIN Code: _____
 City: _____

2 Recipient's (Consignee) Name: Mr. Rohan Arany Ph: _____
 Company Name & Address: GPR Bengaluru Ph: _____
 City: New Delhi State: PIN Code: 110064
 Recipient's GSTIN*: _____

3 Nature of consignment (✓) Dox Non-Dox Total Num Pcs: 1
 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: Sample water Total Value of consignment for carriage / E-Way bill: ₹ _____

5 Paper Work Enclosures

6 Type of consignment (✓) Commercial Non Commercial **7** Value Added Services Not Available **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 Amount(₹)
 a) Tariff (incl. Of FSC + Taxes) _____
 b) Risk Surcharge 350
 c) Total amount (a+b) _____
 Above charges are inclusive of GST & other taxes if applicable

8 Mode (✓) Surface Air Cargo Express

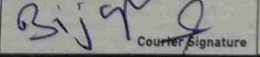
Consignment Number:  B27603616

Sender's Signature & Seal

Mode of Payment: Cash Card Wallet

11 Booking Branch / Franchisee Code: **12** Risk Surcharge

Date: _____ Time: _____ AM/PM
 I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.

Courier Signature: 

Owner: _____
 Carrier: _____

<http://www.dtdc.in> || customersupport@dtdc.com || +91 9606 911 811

SENDER COPY Jan 2024

