



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: _____ Ph: _____
 Company Name & Address: Jangon Hospital
 City: _____ State: _____ PIN Code: 506167
 Sender's GSTIN*: _____

2 Recipient's (Consignee) Name: _____ Ph: _____
 Company Name & Address: DCD Health
 City: _____ State: Hospital PIN Code: 116064
 Recipient's GSTIN*: _____

| | |
|----------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 3 Nature of consignment <input checked="" type="checkbox"/> Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> | Total Num Pcs: |
| 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 _____
 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 | <u>159</u> |
| c) Total amount (a+b) | |
| Above charges are inclusive of GST & other taxes if applicable | |
| Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/> | |

8 Mode Surface Air Cargo Express

Consignment Number: _____

H45144624

Sender's Signature & Seal _____
 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
15/12/23
 Courier Signature

12 Risk Surcharge _____
 Owner _____
 Carrier _____