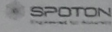
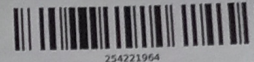


DELHIVERY



Created Date: 05/02/24  
Pickup Date: 05/02/24

254221964



254221964

1. FROM: Drop-Off

Shipper's Name: RAMLALTEMPOSERP B2BR

Shipper's Phone Number:

Street Name: CB-382/5, RING ROAD <NARAINA, NEW DELHI -110028

City: Delhi State: Delhi Postal Code: 110028

GST NO.:

2. SHIPMENT INFORMATION

SHIPPER'S REFERENCE NO. (25 characters): arvind dc dc

INVOICE NO.: 1466 EWBN :

TOTAL INVOICE VALUE: 5699.0 Master Id: 21407810041160

# BOXES x DIMENSION (LxWxH) cm *	COMMODITY DESCRIPTION	TOTAL WEIGHT *
3: 10 x 10 x 10	Medical goods	60.0 kgs

\*As declared by the client: billed weight may vary.

BOX COUNT: 3

DOCUMENT RECEIVED: INVOICE  ( ) TAX FORMS  ( ) OTHERS  ( ).....

No. Of DOCUMENTS:

3. REQUIRED SIGNATURE - ORIGIN:

DELHIVERY EMP ID:..... SHIPPER'S SIGN:.....

4. TO: Self Collect

Recipient's Name: dc dc health service pvt ltd, dc dc health service pvt ltd

Recipient's Phone Number:

Street Name: dc dc health service pvt ltd DH Karwar Distric civil hospital karwar, Dialysis unit

City: Karwar State: Karnataka Postal Code: 581317

GST NO.:

Client/Store/Address Code:

5. MOT: AIR  GROUND

6. SPECIAL HANDLING: FRAGILE  HEAVY (>30 KG)  DG.  VAL CARGO.

POD on Invoice

7. INSURANCE: FOV.  MARINE.  VALUE: .....

8. PAYMENT: TRANSPORT: SHIPPER  RECIPIENT  DUTIES & TAXES: SHIPPER  RECIPIENT  CASH ON DELIVERY  COD AMOUNT: ₹0 CHEQUE ON DELIVERY: CHEQUE BENEFICIARY'S NAME: .....

9. REQUIRED SIGNATURE - DESTINATION:

RECIPIENT'S SIGNATURE AND STAMP:

DATE..... TIME.....

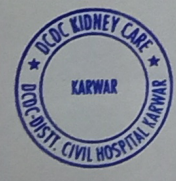
DELHIVERY LIMITED  
 REGISTERED OFFICE: N24-N34, S24-S34, Air Cargo Logistics Centre-II, Opposite Gate 6 Cargo Terminal, IGI Airport, New Delhi, India (110037)  
 TRANSPORTER ID: 06AAPCS9575E1ZR  
 CIN No: U63090DL2011PTC221234  
 PAN: AAPCS9575E

SPOTON LOGISTICS PVT LTD (Formerly Startrek Logistics Pvt Ltd)  
 REGISTERED OFFICE: Thanavan, 23/24, Infantry Road, Bengaluru, India (560001)  
 TRANSPORTER ID: 29AAQCS5815Q1Z1  
 CIN No: U63090CJ2011PTC108834  
 PAN: AAQCS5845Q

REGULATORY COPY

Printed on 12-Feb-2024 12:41 PM

For terms and conditions visit [www.delhivery.com](http://www.delhivery.com)



Stock/No. of Boxes Received ..... 03  
 Subject to Physical Check sodium hypochloride solut<sup>n</sup>  
 Name/Employee Code ..... DCDC 2273  
 Centre Name ..... KARWAR  
 Date/Time ..... 12/02/24 ..... 5:00 PM  
 Signature ..... M. No. 8105-942976