

# GREEN PAGE

Green Form	
GR Number xxxxxxx	Date xx/xx/xxxx
DL No. xxxxxxx	Driver Name xxxxxxx
Source Email xxxxxxx	Source Number xxxxxxx
Destination Email xxxxxxx	Destination Number xxxxxxx
Driver Information	
License Number xxxxxxx	Driver Name xxxxxxx
State xxxxxxx	Date of Birth xxxxxxx
Permanent Address xxxxxxx	Expiration Date xxxxxxx
Vehicle Information	
Registration Date xxxxxxx	Owner Name xxxxxxx
Vechicle Category xxxxxxx	Permanent Address xxxxxxx
Chassis Number xxxxxxx	Engine Number xxxxxxx
Insurance Policy Number xxxxxxx	Insurance Validity Till xx/xx/xxxx
Fitness Validity xxxxxxx	

TRANSPORTET ID :- XXXX

TRANSPORTER NAME :- XXXX

DATE OF REPORTING :- XX/XX/XXXX

GMN No. 12345

DELIVERY DATE :- XX/XX/XXXX

GR NO :- XXXXX

GR DATE :- XX/XX/XXXX

From	To	Via Station	Mode	Vehicle No.	Vehicle Type
XXXXXXXXXXXXXX	XXXX		XXXX	XXXXXX	XXXXXX
E-way Bill No.			Insurance	E-Way Bill Date	Valid Upto
XXXXXXXXXXXXXX				XX/XX/XXXX	XX/XX/XXXX
Consignor's Name & Address			Consignee's Name & Address		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX XXXXXX XX XXXXX			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXX XXXXXX XXXXXX XXXXXX State XX GSTIN : XXXXXXXXXX XXXXXX		
Qty./ Pairs	No. of Pkgs	Type of Pkgs.	Contents	Invoice No.	Invoice Date
X	XX	XXX	XXXXXXXXXX	XXXXXXXXXX	XX/XX/XXXX
Dimensions Weight :-			Weight:- XXXXXX		
			Total : XXXXXXXX		
Payment Terms			GST Type		
Cash	To Pay	To Be	At Branch	XXXXXXXXXXXXXXXXXXXXXX	
				XXXXXXXXXXXXXX	Prepared By XXXXXXXXXXXXXXXX
<input checked="" type="checkbox"/> XXXXXXXXXX					
REMARKS Invoice no-XXXXXXXXX					

THIS IS ELECTRONICALLY SYSTEM GENERATED &amp; AUTHORISED E-CONSIGNMENT NOTE INTENDED FOR CONSIGNOR'S ONLY

AT OWNER RISK

IBA CODE : DLT-XXX

GMN NO. 12345

From		To		Via Station		Mode		Vehicle No.		Vehicle Type	
XXXXXXXXXXXXXX		XXXX				XXXX		XXXXXX		XXXXXX	
E-way Bill No.				Insurance				E-Way Bill Date		Valid Upto	
XXXXXXXXXX								Xx/xx/xxxx		Xx/xx/xxxx	
Consignor's Name & Address						Consignee's Name & Address					
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXX XXXXXXX XX XXXXX						XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXX State XX GSTIN : XXXXXXXXXXXX					
Qty./ Pairs		No. of Pkgs		Type of Pkgs.		Contents		Invoice No.		Invoice Date	
X		XX		XXX		XXXXXXXXXX		XXXXXXXXXX		XX/XX/XXXX	
								Invoice Value		Rate	
								XXX,XX,XX			
Dimensions Weight :-				Weight:-				Total :			
XXXXXXXXXXXX				XXXXXX				XXXXXXXX			
Payment Terms				GST Type				XXXXXXXXXXXXXXXXXXXXX			
Cash To Pay To Be At Branch				XXXXXXXXXXXX				Prepared By XXXXXXXXXXXXXXX			
<input checked="" type="checkbox"/> XXXXXXXXXXXXX											
REMARKSInvoice no-XXXXXXXX											
THIS IS ELECTRONICALLY SYSTEM GENERATED & AUTHORISED E-CONSIGNMENT NOTE INTENDED FOR CONSIGNOR'S ONLY											

AT OWNER RISK  
IBA CODE :DLT-xxx



**GR NO. xxxxx**

GST NO	XXXX	HSN No.	XXXX		
PAN NO.	XXXX	Phone No.	XXXX		
Delivery No.	XXXX	Email	XXXX		
Consignment No.	XXXX	Loading Station	XXXX	Vehicle No.	XXXX
Consignment Name	XXXX	Delivery Station	XXXX	Load Type	XXXX
Consignor Name	XXXX	Consignee Name	XXXX		
Consignor Address	XXXX	Consignee Address	XXXX		
Said to Contain					
Product	No. of Package	Packing	Value of Goods(INR)	ST Form No.	ST Form Data
XXXX	XXXX	XXXX		XXXX	XXXX
Consignee Delivery Acknowledgement Remarks				Weight	
				Net weight	xxxxxx
				Loading Details	
				xxxxxx	xxxxxx
				Consignor name & sign.	
				Driver name & sign.	
				Consignee Name & sign.	

In Case Any Shortage and Damage in Product Please Contact :- xxxxxxxx, xxxxx