

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 XXXXXXX XX XXXXX			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXX XXXXX XXXXX 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
Dimensions Weight :-			Weight:- XXXXXX		
			Total : XXXXXXXX		
Payment Terms			GST Type		
Cash	To Pay	To Be	At Branch	XXXXXXXXXXXXXXXXXXXXXX	
				XXXXXXXXXXXXXX	Prepared By XXXXXXXXXXXXXXXXX
<input checked="" type="checkbox"/> XXXXXXXXXXXX					
REMARKS Invoice no-XXXXXXXX					

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

AT OWNER RISK

IBA CODE : DLT-XXX