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Date: / /		Sender's Code:		Pick-up Ref. No:			
1 Sender's (Consignor) Name:				Ph:			
Company Name & Address:							
City:		State:		PIN Code:			
Sender's GSTIN*:				Where Applicable			
3 Nature of consignment		Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/>		Total Num Pcs			
DIM 1 L cm X H cm X H cm X H cm X H		Pcs Actual Wt. kg					
DIM 2 L cm X B cm X H cm X H cm X H		Pcs Volumetric Wt. kg					
DIM 3 L cm X B cm X H cm X H		Pcs Chargeable Wt. kg					
5 Risk Coverage: Owner <input type="checkbox"/> Carrier <input type="checkbox"/>		6 Paper Work Enclosures					
9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/>		10 Charges		Amount (₹)			
11 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. The declared value of goods is true and accurate.		a) Tariff Item DTDC * 1000					
		b) Value Added Service Charge					
		c) Risk Surcharge					
		d) Total amount (a+b+c)					
Sender's Signature		Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/>					
Date:		Time: AM/PM		Courier Signature			
Relationship:		12 Booking Branch / Franchise Code		Ph. No.			
Company Stamp & Signature:		DD MM YY		TIME AM/PM			
Consignment Number:		7 Type of consignment: Please ✓ 1 Commercial <input type="checkbox"/> Non-Commercial <input type="checkbox"/>		8 Value Added Services - Not Available		CN Expiry Dt.:	
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