

**LTL****Order ID : DL/2021-22/1695****Master :2830810144409****Master**

2830810144409

**Box : 1/1****STORE CODE:**, Pin: 781035  
null

NSZ

**ROCKETBOX B2B****Shipping address :**AJIT SORMA, WEST BORAGAON CHOWK, N.H  
37, Pin: 781035

NA

**Return address :**ROCKETBOX B2B.G-21, VARDHAMAN CITY PLAZA 2, GROUND  
FLOOR, TURKMAN GATE, Delhi, Delhi, 110002,

**LTL****Order ID : DOC\_220323940****Master :2830810144409****Child**

2830810144410


**Document****STORE CODE:**, Pin: 781035  
GUW/KAI



NSZ


**ROCKETBOX B2B****Shipping address :**AJIT SORMA, WEST BORAGAON CHOWK, N.H  
37, Pin: 781035

Document


**Return address :**ROCKETBOX B2B.G-21, VARDHAMAN CITY PLAZA 2, GROUND  
FLOOR, TURKMAN GATE, Delhi, Delhi, 110002,

<div><div>DELHIVERY</div><div>Small World</div></div> <div>ROCKETBOX B2B</div>		Date: 02/02/22	2830810144409		
1.FROM: <input type="checkbox"/>		Drop-off :	4. TO: <input type="checkbox"/> Self Collect :		
Shipper's Name: ROCKETBOX B2B			Recipient's Name: AJIT SORMA		
Shipper's Phone Number: 9313007892			Recipient's Phone Number: 9854085803		
Street Name: G-21, VARDHAMAN CITY PLAZA 2, GROUND FLOOR, TURKMAN GATE			Street Name: WEST BORAGAON CHOWK, N.H 37		
City: New Delhi	State: Delhi	Postal Code: 110002	City: Kamrup Metropolitan	State: Assam	Postal Code: 781035
2. SHIPMENT INFORMATION			Client/Store/Address Code:		
SHIPPER'S REFERENCE NO. (25 characters):DL/2021-22/1695			5. MOT:		
INVOICE NO.: DL/2021-22/1695		EWBN :	Air <input type="checkbox"/>		
TOTAL INVOICE VALUE:3590.00		Master Id : 2830810144409	GROUND <input type="checkbox"/>		
# BOXES x DIMENSION (LxWxH) cm	# COMMODITY DESCRIPTION	TOTAL WEIGHT	6. SPECIAL HANDLING:		
1:38.0x15.0x27.0	NA	4.0	FRAGILE <input type="checkbox"/> HEAVY (>30 KG) <input type="checkbox"/> DG. <input type="checkbox"/>		
			VAL CARGO. <input type="checkbox"/>		
			7. INSURANCE:		
			FOV. <input type="checkbox"/> MARINE. <input type="checkbox"/>		
			VALUE:.....		
			8. PAYMENT:		
			TRANSPORT: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>		
			DUTIES & TAXES: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>		
			CASH ON DELIVERY COD AMOUNT: ₹		
			CHEQUE ON DELIVERY <input type="checkbox"/>		
			CHEQUE BENEFICIARY'S NAME: .....		
TOTAL NUMBER OF BOXES: 1			9. REQUIRED SIGNATURE - DESTINATION:		
DOCUMENT RECEIVED: INVOICE <input type="checkbox"/> ( ) TAX FORMS <input type="checkbox"/> ( ) OTHERs <input type="checkbox"/> ( ).....			RECIPIENT'S SIGNATURE AND STAMP:		
No. Of DOCUMENTS:			DATE..... TIME.....		
3. REQUIRED SIGNATURE - ORIGIN:					
DELHIVERY EMP ID:..... SHIPPER'S SIGN:.....					
DELHIVERY PVT. LTD. REGISTERED OFFICE: B244, OKHLA INUSTRIAL AREA PHASE 1, NEW DELHI 110020, INDIA				SHIPPER COPY	
CONTACT NUMBER: +91 124 4623 200. CIN: U6309DL2011PTC221234, PAN: AAPCS9575E					
FOR TERMS & CONDITIONS, VISIT <a href="http://www.delhivery.com">www.delhivery.com</a>					

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TOTAL INVOICE VALUE:3590.00		Master Id : 2830810144409	GROUND <input type="checkbox"/>		
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# BOXES x DIMENSION (LxWxH) cm		# COMMODITY DESCRIPTION	VAL CARGO. <input type="checkbox"/>		
1:38.0x15.0x27.0		NA	POD on Invoice <input type="checkbox"/>		
TOTAL WEIGHT		4.0	7. INSURANCE:		
			FOV. <input type="checkbox"/> MARINE. <input type="checkbox"/>		
			VALUE:.....		
8. PAYMENT:		TRANSPORT: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>			
		DUTIES & TAXES: SHIPPER <input type="checkbox"/> RECIPIENT <input type="checkbox"/>			
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