

e-Way Bill

1. E-WAY BILL Details

eWay Bill No: XXXXXXXXXX

Generated Date: XX/XX/XXX XX:XX PM

Generated By: XXXXX XXXXX XXXXX  
Valid UpTo: XX/XX/XXXX

Mode: xxxxxx

Approx Distance: xxxm

Extended

Type: xxxxxxxxxxxxxx

Document Details: XXXXXX XXXXXXXXXX - Transaction type: Regular  
XX/XX/XXXX

2.Address Details

From

GSTIN :XXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXX  
  
:: Dispatch From ::  
XXXXXXXXXX  
XXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

To

GSTIN : XXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXX  
  
:: Ship To ::  
XXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

3. Goods Details

| HSN Code         | Product Name & Desc.                 | Quantity     | Taxable Amount Rs. | Tax Rate (C+S+I+Cess+Cess Non.Advol) |                    |           |               |
|------------------|--------------------------------------|--------------|--------------------|--------------------------------------|--------------------|-----------|---------------|
| XXXXXX           | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XX:XX<br>PCS | XXXXX.XX           | XXX+XXX+XXX+XXX+XXX                  |                    |           |               |
| XXXXXX           | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XX:XX<br>PCS | XXXXX.XX           | XXX+XXX+XXX+XXX+XXX                  |                    |           |               |
| XXXXXX           | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XX:XX<br>PCS | XXXXX.XX           | XXX+XXX+XXX+XXX+XXX                  |                    |           |               |
| XXXXXX           | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XX:XX<br>PCS | XXXXX.XX           | XXX+XXX+XXX+XXX+XXX                  |                    |           |               |
| XXXXXX           | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XX:XX<br>PCS | XXXXX.XX           | XXX+XXX+XXX+XXX+XXX                  |                    |           |               |
| XXXXXX           | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XX:XX<br>PCS | XXXXX.XX           | XXX+XXX+XXX+XXX+XXX                  |                    |           |               |
| XXXXXX           | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XX:XX<br>PCS | XXXXX.XX           | XXX+XXX+XXX+XXX+XXX                  |                    |           |               |
| XXXXXX           | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | XX:XX<br>PCS | XXXXX.XX           | XXX+XXX+XXX+XXX+XXX                  |                    |           |               |
| Tot. Tax'ble Amt | CGST Amt                             | SGST Amt     | IGST Amt           | CESS Amt                             | CESS Non.Advol Amt | Other Amt | Total Inv.Amt |
| XXXXX.X          | X.XX                                 | X.XX         | XXXXX.XX           | X.XX                                 | X.XX               | X.XX      | XXXXXX.XX     |

4. Transportation Details

Transporter ID & Name : XXXXXXXXXXXXXXXXXXXXXXXX

Transporter Doc. No & Date XXXXXX &  
XX/XX/XXXX

5. Vehicle Details

| Mode | Vehicle / Trans Doc No & Dt. | From         | Entered Date        | Entered By   | CEWB No. (If any) | Multi Veh.Info (If any) |
|------|------------------------------|--------------|---------------------|--------------|-------------------|-------------------------|
| Road | XXXXXXXXXXXX & XX/XX/XXXX    | XXXXXX,XXXXX | XX/XX/XXXX XX:XX PM | XXXXXXXXXXXX | -                 | -                       |

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<br>XXXXXXXXXXXXXXXXXXXXXXXXXXXXX<br>XXXXXXXXXXXXXXXXXXXXXXXXXXXXX<br>XXXXXXXXXXXX<br>XXXXXXXX<br>State XX<br>XX<br>GSTIN :<br>XXXXX |             |               | XXXXXXXXXXXXXXXXXXXXXXXXXXXXX<br>XXXXXXXXXXXXXXXXXXXXXXXXXXXXX<br>XXXXXXXXXXXX<br>State XX<br>GSTIN :<br>XXXXX<br>Mobile No. : XXXXXXXXXXXXX |                 |                       |                           |      |         |
| Qty./ Pairs   | No. of Pkgs | Type of Pkgs. | Contents   | Invoice No.     | Invoice Date          | Invoice Value             | Rate | Freight |
| X   | XX          | XXX           | XXXXXXXXXX   | XXXXXXXXXX      | Xx/xx/xxxx            | xxx,xx,xx                 |      |         |
| Dimensions Weight :-  |             |               | XXXXXXXXXXXX   | Weight:- XXXXX  |                       | Total : XXXXXXX           |      |         |
| Payment Terms   |             |               | GST Type   |                 | XXXXXXXXXXXXXXXXXXXXX |                           |      |         |
| Cash  | To Pay      | To Be         | At Branch  | XXXXXXXXXXXX    |                       | Prepared By XXXXXXXXXXXXX |      |         |
| <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



**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

# GREEN PAGE

| Green Form                         |                                       |
|------------------------------------|---------------------------------------|
| GR Number<br>xxxxxxx               | Date<br>xx/xx/xxxx                    |
| DL No.<br>xxxxxxx                  | Driver Name<br>xxxxxxx                |
| Source Email<br>xxxxxxx            | Source Number<br>xxxxxxx              |
| Destination Email<br>xxxxxxx       | Destination Number<br>xxxxxxx         |
| Driver Information                 |                                       |
| License Number<br>xxxxxxx          | Driver Name<br>xxxxxxx                |
| State<br>xxxxxxx                   | Date of Birth<br>xxxxxxx              |
| Permanent Address<br>xxxxxxx       | Expiration Date<br>xxxxxxx            |
| Vehicle Information                |                                       |
| Registration Date<br>xxxxxxx       | Owner Name<br>xxxxxxx                 |
| Vechicle Category<br>xxxxxxx       | Permanent Address<br>xxxxxxx          |
| Chassis Number<br>xxxxxxx          | Engine Number<br>xxxxxxx              |
| Insurance Policy Number<br>xxxxxxx | Insurance Validity Till<br>xx/xx/xxxx |
| Fitness Validity<br>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<br>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX<br>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX<br>XXXXXXXXXXXX<br>XXXXXX<br>XX<br>XXXXX |             |               | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX<br>XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX<br>XXXXXX<br>XXXXXX<br>XXXXXX<br>XXXXXX<br>State XX<br>GSTIN :<br>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   |             |               |   |                        |                               |

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AT OWNER RISK

IBA CODE : DLT-XXX