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| Company Name & Address:   |  | City: <u>Nagpur</u>     |  | Company Name & Address:                               |                                  | City: <u>Amravati</u> |
| State: <u>MH</u>  |  | PIN Code: <u>431001</u> |  | State: <u>MH</u>                                      |                                  | PIN Code:             |
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| Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: <u>1</u><br>DIM 1: L cm X B cm X H cm X Pcs Actual Wt.: kg<br>DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt.: kg<br>DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: kg                                       |  |                         | The Total Value of consignment for carriage / E-Way bill   |   | ₹                                |                       |
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| 9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/>  |  |                         | 10 Charges   |   | 8 Value Added Services           |                       |
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| 1 Sender's (Consignor) Name: <u>Rajkumar Shende</u>   |  | Ph:                     |  | 2 Recipient's (Consignee) Name: <u>Sudheer Patel</u> |                                  | Ph:                     |
| Company Name & Address:   |  | City: <u>M</u>          |  | Company Name & Address:                              |                                  | City: <u>Chhindwara</u> |
| State: <u>MH</u>  |  | PIN Code: <u>431001</u> |  | State: <u>MH</u>                                     |                                  | PIN Code:               |
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| 5 Risk Coverage: Owner <input type="checkbox"/> Carrier <input type="checkbox"/>  |  |                         | 6 Paper Work Enclosures  |  | 7 Type of consignment (Please ✓) |                         |
| 9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/>  |  |                         | 10 Charges   |  | 8 Value Added Services           |                         |
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| Sender's Signature: <u>[Signature]</u>  |  |                         | 12 Booking Branch / Franchisee Code  |  | 13 Receiver's Name:              |                         |
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| Company Name & Address:   |  | City: <u>NER</u>        |  | Company Name & Address:                             |                                  | City: <u>Shajapur</u> |
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| 1 Sender's (Consignor) Name: Rajkumar Shende<br>Company Name & Address:<br>City: State: PIN Code: Nel   |                |                  | 2 Recipient's (Consignee) Name: Rakesh Jain<br>Company Name & Address:<br>City: State: PIN Code:  |            |  |       |
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| 9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/>  |                |                  | 10 Charges Amount(₹)<br>a) Tariff Incl. Of FSC + Taxes<br>b) Value Added Service Charges 90/-<br>c) Risk Surcharge<br>d) Total amount (a+b+c)<br>Above charges are inclusive of GST & other taxes if applicable<br>Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/> |            | 13 Receiver's Name:<br>Relationship:<br>Ph. No.:<br>Company Stamp & Signature: DD MM YY TIME AM/PM |       |
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| 1 Sender's (Consignor) Name: Rajkumar Shende<br>Company Name & Address:<br>City: State: PIN Code: Nel   |                |                  | 2 Recipient's (Consignee) Name: Anil Sahni<br>Company Name & Address:<br>City: State: PIN Code: Jabalpur 48200  |            |  |       |
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| 5 Risk Coverage: Owner <input type="checkbox"/> Carrier <input type="checkbox"/> 6 Paper Work Enclosures  |                |                  | 7 Type of consignment (Please ✓ / )<br>Commercial <input type="checkbox"/> NCommercial <input type="checkbox"/>   |            | 8 Value Added Services - Not Available<br>CN Expiry Dt.:   |       |
| 9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/>  |                |                  | 10 Charges Amount(₹)<br>a) Tariff Incl. Of FSC + Taxes<br>b) Value Added Service Charges 90/-<br>c) Risk Surcharge<br>d) Total amount (a+b+c)<br>Above charges are inclusive of GST & other taxes if applicable<br>Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/> |            | 13 Receiver's Name:<br>Relationship:<br>Ph. No.:<br>Company Stamp & Signature: DD MM YY TIME AM/PM |       |
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| 1 Sender's (Consignor) Name: Rajkumar Shende<br>Company Name & Address:<br>City: State: PIN Code: Nel   |                |                  | 2 Recipient's (Consignee) Name: Pragati Enterprises<br>Company Name & Address:<br>City: State: PIN Code: Ujjain 45501   |            |  |       |
| 3 Nature of consignment Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: 1<br>DIM 1: L cm X B cm X H cm X Pcs Actual Wt: kg<br>DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt: kg<br>DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt: kg   |                |                  | 4 Description of Content<br>Value of Goods<br>The Total Value of consignment for carriage / E-Way bill ₹  |            |  |       |
| 5 Risk Coverage: Owner <input type="checkbox"/> Carrier <input type="checkbox"/> 6 Paper Work Enclosures  |                |                  | 7 Type of consignment (Please ✓ / )<br>Commercial <input type="checkbox"/> NCommercial <input type="checkbox"/>   |            | 8 Value Added Services - Not Available<br>CN Expiry Dt.:   |       |
| 9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/>  |                |                  | 10 Charges Amount(₹)<br>a) Tariff Incl. Of FSC + Taxes<br>b) Value Added Service Charges 90/-<br>c) Risk Surcharge<br>d) Total amount (a+b+c)<br>Above charges are inclusive of GST & other taxes if applicable<br>Mode of Payment: Cash <input type="checkbox"/> Card <input type="checkbox"/> Wallet <input type="checkbox"/> |            | 13 Receiver's Name:<br>Relationship:<br>Ph. No.:<br>Company Stamp & Signature: DD MM YY TIME AM/PM |       |
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| 1 Sender's (Consignor) Name: <u>Rajkumar Shende</u> Ph: _____   |                | Recipient's (Consignee) Name: <u>Sagar Enterprises</u> Ph: _____ |   | Company Name & Address: <u>Amravati</u>          |                           |       |
| City: _____ State: _____ PIN Code: <u>MP</u>  |                | City: _____ State: _____ PIN Code: _____                         |   | Sender's GSTIN*: _____ Recipient's GSTIN*: _____ |                           |       |
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| DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt.: _____ kg  |                |  | 7 Type of consignment (Please ✓)  |  | 8 Value Added Services    |       |
| DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: _____ kg  |                |  | Commercial <input type="checkbox"/> Non-Commercial <input type="checkbox"/> |  | - Not Available           |       |
| 5 Risk Coverage: Owner <input type="checkbox"/> Carrier <input type="checkbox"/>  |                |  | 6 Paper Work Enclosures   |  | CN Expiry Dt.:            |       |
| 9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/>  |                |  | 10 Charges  |  | Consignment Number:       |       |
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| 1 Sender's (Consignor) Name: <u>Rajkumar Shende</u> Ph: _____   |                | Recipient's (Consignee) Name: <u>Manish Kumar</u> Ph: _____ |   | Company Name & Address: <u>Boreilly</u>          |                           |       |
| City: _____ State: _____ PIN Code: <u>MP</u>  |                | City: _____ State: _____ PIN Code: _____                    |   | Sender's GSTIN*: _____ Recipient's GSTIN*: _____ |                           |       |
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| 3 Nature of consignment Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: _____  |                |   | 4 Description of Content  |  | Value of Goods            |       |
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| DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: _____ kg  |                |   | Commercial <input type="checkbox"/> Non-Commercial <input type="checkbox"/> |  | - Not Available           |       |
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| 1 Sender's (Consignor) Name: <u>Rajkumar Shanda</u> Ph: _____   |                |                  | 2 Recipient's (Consignee) Name: <u>Suman Prasad Patil</u> Ph: _____  |                          |   |                 |
| Company Name & Address: _____   |                |                  | Company Name & Address: <u>Shri Vinayak Co</u>   |                          |   |                 |
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| 3 Nature of consignment Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: _____  |                |                  | 4 Description of Content   |                          | Value of Goods  |                 |
| DIM 1: L cm X B cm X H cm X Pcs Actual Wt.: _____ kg  |                |                  |  |                          |   |                 |
| DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt.: _____ kg  |                |                  |  |                          |   |                 |
| DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: _____ kg  |                |                  |  |                          |   |                 |
| 5 Risk Coverage: Owner <input type="checkbox"/> Carrier <input type="checkbox"/>  |                |                  | 6 Paper Work Enclosures  |                          | 7 Type of consignment (Please ✓ / )<br>Commercial <input type="checkbox"/> NonCommercial <input type="checkbox"/> |                 |
| 9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/>  |                |                  | 10 Charges   |                          | 8 Value Added Services<br>- Not Available   |                 |
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| 1 Sender's (Consignor) Name: <u>Rajkumar Shanda</u> Ph: _____   |                |                  | 2 Recipient's (Consignee) Name: <u>Dhan Prasad Patil</u> Ph: _____   |                          |   |                 |
| Company Name & Address: _____   |                |                  | Company Name & Address: <u>Harsh Electronics</u>   |                          |   |                 |
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| 9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/>  |                |                  | 10 Charges   |                          | 8 Value Added Services<br>- Not Available   |                 |
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| Company Name & Address: _____   |                |                  | Company Name & Address: <u>Bathol Sales</u>  |                          |   |                 |
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| DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt.: _____ kg  |                |                  |  |                          |   |                 |
| DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: _____ kg  |                |                  |  |                          |   |                 |
| 5 Risk Coverage: Owner <input type="checkbox"/> Carrier <input type="checkbox"/>  |                |                  | 6 Paper Work Enclosures  |                          | 7 Type of consignment (Please ✓ / )<br>Commercial <input type="checkbox"/> NonCommercial <input type="checkbox"/> |                 |
| 9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/>  |                |                  | 10 Charges   |                          | 8 Value Added Services<br>- Not Available   |                 |
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| Company Name & Address: _____   |                |  | Company Name & Address: <u>Service Point</u>                    |  |  |       |
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| DIM 2: L cm X B cm X H cm X Pcs   |                |  |   | Volumetric Wt.: _____ kg   |  |       |
| DIM 3: L cm X B cm X H cm X Pcs   |                |  |   | Chargeable Wt.: _____ kg   | The Total Value of consignment for carriage / E-Way bill ₹ |       |
| 5 Risk Coverage: Owner <input type="checkbox"/> Carrier <input type="checkbox"/>  |                | 6 Paper Work Enclosures  |   | 7 Type of consignment (Please ✓)   | 8 Value Added Services                                     |       |
|   |                |  |   | Commercial <input type="checkbox"/> NCommercial <input type="checkbox"/> | - Not Available  |       |
| 9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/>  |                | 10 Charges   |   | Consignment Number:  |  |       |
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| Company Name & Address: _____   |                |  | Company Name & Address: <u>Parashad Electron</u>          |  |  |       |
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| DIM 2: L cm X B cm X H cm X Pcs   |                |  |   | Volumetric Wt.: _____ kg   |  |       |
| DIM 3: L cm X B cm X H cm X Pcs   |                |  |   | Chargeable Wt.: _____ kg   | The Total Value of consignment for carriage / E-Way bill ₹ |       |
| 5 Risk Coverage: Owner <input type="checkbox"/> Carrier <input type="checkbox"/>  |                | 6 Paper Work Enclosures  |   | 7 Type of consignment (Please ✓)   | 8 Value Added Services                                     |       |
|   |                |  |   | Commercial <input type="checkbox"/> NCommercial <input type="checkbox"/> | - Not Available  |       |
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| 5 Risk Coverage: Owner <input type="checkbox"/> Carrier <input type="checkbox"/>  |                | 6 Paper Work Enclosures  |   | 7 Type of consignment (Please ✓)   | 8 Value Added Services                                     |       |
|   |                |  |   | Commercial <input type="checkbox"/> NCommercial <input type="checkbox"/> | - Not Available  |       |
| 9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/>  |                | 10 Charges   |   | Consignment Number:  |  |       |
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| 1 Sender's (Consignor) Name: Rajkumar Shende Ph: _____  |                |  | 2 Recipient's (Consignee) Name: Greenfinity Power Tech Pvt Ltd Ph: _____ |                                     |                |  |
| Company Name & Address: _____   |                |  | Company Name & Address: _____  |                                     |                |  |
| City: _____ State: _____ PIN Code: NER  |                | City: _____ State: _____ PIN Code: _____   |  | Recipient's GSTIN*: _____           |                |  |
| 3 Nature of consignment Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/> Total Num Pcs: 10   |                |  | 4 Description of Content   |                                     | Value of Goods |  |
| DIM 1: L cm X B cm X H cm X Pcs Actual Wt.: 3000 kg   |                |  |  |                                     |                |  |
| DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt.: 3000 kg   |                |  |  |                                     |                |  |
| DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: kg  |                |  | The Total Value of consignment for carriage / E-Way bill                 |                                     | ₹              |  |
| 5 Risk Coverage: Owner <input type="checkbox"/> Carrier <input type="checkbox"/>  |                | 6 Paper Work Enclosures  |  | 7 Type of consignment (Please ✓)    |                | 8 Value Added Services - Not Available |
| 9 Mode: Surface <input type="checkbox"/> Air cargo <input type="checkbox"/> Express <input type="checkbox"/>  |                | 10 Charges   |  | 13 Receiver's Name: COMPANY SEAL    |                | CN Expiry Dt.:                         |
| 11 I/We declare that this consignment does not contain personal mail, cash, jewellery, contraband, legal drugs, any prohibited items and commodities which can cause safety hazards while transporting. The declared value of goods is true and accurate. |                | Amount(₹)  |  | 13 Relationship: _____              |                | Ph. No.: _____                         |
| Sender's Signature: _____   |                | a) Tariff Incl. Of FSC + Taxes   |  | 13 Company Stamp & Signature: _____ |                | DD MM YY TIME AM/PM                    |
| Date: 20/12/20 Time: AM/PM  |                | b) Value Added Service Charges 20  |  | 13 Courier Signature: _____         |                | Company Stamp & Signature: _____       |
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|   |                | d) Total amount (a+b+c)  |  | 13 DD MM YY TIME AM/PM              |                | Company Stamp & Signature: _____       |
|   |                | Above charges are inclusive of GST & other taxes if applicable   |  | 13 DD MM YY TIME AM/PM              |                | Company Stamp & Signature: _____       |
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|   |                | 12 Booking Branch / Franchisee Code  |  | 13 DD MM YY TIME AM/PM              |                | Company Stamp & Signature: _____       |
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| 11 I/We declare that this consignment does not contain personal mail, cash, jewellery, contraband, legal drugs, any prohibited items and commodities which can cause safety hazards while transporting. The declared value of goods is true and accurate. |                | Amount(₹)  |   | 13 Relationship: _____              |                | Ph. No.: _____                         |
| Sender's Signature: _____   |                | a) Tariff Incl. Of FSC + Taxes   |   | 13 Company Stamp & Signature: _____ |                | DD MM YY TIME AM/PM                    |
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| Company Name & Address: _____   |                |  | Company Name & Address: Be Care _____                    |                                     |                |  |
| City: _____ State: _____ PIN Code: NER  |                | City: _____ State: _____ PIN Code: _____   |  | Recipient's GSTIN*: _____           |                |  |
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