

**DELHIVERY**Created Date: 10/01/26  
Pickup Date: 10/01/26**295356327**

295356327

SHIPMENT PICKED FROM: **SELF DROP** Shipper's Name: **INDRARAJPSOLANKIRP B2BR**

Shipper's phone no:

Street Name: **43/45, V V CHANDAN STREET, MASJID BUNDER WEST**City: **Mumbai** State: **Maharashtra** Postal Code: **400003**

GSTIN:

SHIPMENT INFORMATION

SHIPPER'S REFERENCE NO.: **oid202601101736231** MOT: **Road**  
ROV: **BY SHIPPER**INVOICE NO.: **4071** EWBN : **222114926890** Freight Payment: **FoP**  
Invoice Value Payment: **Pre-paid**TOTAL INVOICE VALUE: **93078.0** MASTER AWB: **19865210087334** POD on Invoice: **Not required**

BOXES x DIMENSION (LxWxH) cm ACTUAL WEIGHT(kg) SAID TO CONTAIN

**1 Box: 38x27x14** **10.05** **BEARING**TOTAL NUMBER OF BOXES: **1** REQUIRED SIGNATURE - ORIGIN:

DELHIVERY EMP ID:.....

SHIPPER'S SIGN:.....

DELHIVERY LIMITED  
REGISTERED OFFICE: **N24-N34, S24-S34, Air Cargo Logistics Centre-II, Opposite Gate 6 Cargo Terminal, IGI Airport, New Delhi, India (110037)**  
TRANSPORTER ID: **06AAPCS9575E1ZR**  
CIN No: **U63090DL2011PTC221234**  
PAN: **AAPCS9575E**SPOTON LOGISTICS PVT LTD (Formerly Startrek Logistics Pvt Ltd)  
REGISTERED OFFICE: **Thanavan, 23/24, Infantry Road, Bengaluru, India (560001)**  
TRANSPORTER ID: **29AAQCS5815Q1Z1**  
CIN No: **U63090GJ2011PTC108834**  
PAN: **AAQCS5845Q**For terms and conditions visit [www.delhivery.com](http://www.delhivery.com)SHIPMENT DELIVERED TO: **SELF COLLECT** Recipient's Name: **CHRIPAL POLY FILMS LTD**

Recipient's phone no.:

Street Name: **SURVEY NO 190/193 INDL PARK EXPANSION MANKHAL THIMMALUR (v) MAHESHWARAM R R DIST**City: **Hyderabad** State: **Telangana** Pincode: **501359**GSTIN: **URP**

Address/Store Code:

POD REMARKS

ALL OKAY  SHORT BOX?  Date of receipt:

If yes, number of short boxes: \_\_\_\_\_ Time of receipt:

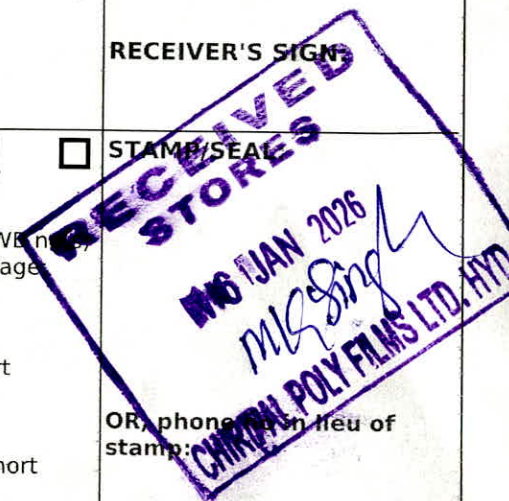
RECEIVER'S SIGN:

DAMAGED CONTENT?  ITEMS MISSING IN RECEIVED BOXES?  STAMP/SEAL

If yes, number of boxes having damaged content: \_\_\_\_\_ If yes, mention the AWB no. of boxes having pilferage: \_\_\_\_\_

If yes, number of short items: \_\_\_\_\_ Please describe the short items: \_\_\_\_\_

OR, phone no. in lieu of stamp: \_\_\_\_\_

Document Type: **LM POD**  
Printed on **16-Jan-2026 11:25 AM**