

DELIVERY



Created Date: 04/02/26
Pickup Date: 04/02/26

SHIPMENT PICKED FROM: SELF DROP

Shipper's Name: KRISHNAENTERPRISENEWRP B2BR

Shipper's phone no:

Street Name: 43/45, V V CHANDAN STREET

City: Mumbai State: Maharashtra Postal Code: 400003

GSTIN:

SHIPMENT INFORMATION

SHIPPER'S REFERENCE NO.: oid202602041717561

MOT: Road
ROV: BY SHIPPER

INVOICE NO.: 3134

EWBN :

Freight Payment: FoP
Invoice Value Payment:
Pre-paid

TOTAL INVOICE VALUE: 45033.0

POD on Invoice: Not required

MASTER AWB:
18273810173320

BOXES x DIMENSION (LxWxH) cm

ACTUAL WEIGHT(kg)

SAID TO CONTAIN

1 Box: 22x21x14

14.09

BEARING

TOTAL NUMBER OF BOXES: 1

REQUIRED SIGNATURE - ORIGIN:

DELIVERY EMP ID: SSND68050

SHIPPER'S SIGN: Ravi Shankar

DELIVERY 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

For terms and conditions visit www.delivery.com

296267545



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SHIPMENT DELIVERED TO: SELF COLLECT

Recipient's Name: MANKIND PHARMA LTD (SIKKIM)

Recipient's phone no.: 8628881897

Street Name: KHATIYAN NO 05, KHASRA DARING BLOCK. BERMIOK ELAKA SOUTH SIKKIM

City: Singtam

State: Sikkim

Pincode: 737134

GSTIN:

Address/Store Code:

POD REMARKS

ALL OKAY

SHORT BOX?

Date of receipt:

If yes, number of short boxes: _____

Time of receipt: Randy

RECEIVER'S SIGN:

DAMAGED CONTENT?

If yes, number of boxes having damaged content: _____

ITEMS MISSING IN RECEIVED BOXES?

If yes, mention the AWB no(s) of boxes having pilferage: _____

STAMP/SEAL:



OR, phone no in lieu of stamp:

If yes, number of short items: _____

Please describe the short items:

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

Document Type: LM POD
Printed on 14-Feb-2026 2:07 PM