

DELHIVERYCreated Date: 07/04/26
Pickup Date: 07/04/26**302638151**

302638151

SHIPMENT PICKED FROM: **SELF DROP**

Shipper's Name: KRISHNAENTERPRISENEW RP 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.: oid202604071700381 MOT: Road ROV: BY SHIPPER

INVOICE NO.: 069 EWBN : 242176900148 Freight Payment: FoP Invoice Value Payment: Pre-paid

TOTAL INVOICE VALUE: 57307.0 MASTER AWB: 18273810221432 POD on Invoice: Not required

BOXES x DIMENSION (LxWxH) cm	ACTUAL WEIGHT(kg)	SAID TO CONTAIN
1 Box: 32x30x16 1 Box: 32x30x17	43.44	bearing

TOTAL NUMBER OF BOXES: 2 REQUIRED SIGNATURE - ORIGIN:
DELHIVERY EMP ID:.....
SHIPPER'S SIGN:.....DELHIVERY LIMITED
REGISTERED OFFICE: N24-N34, S24-S34, Air Cargo Logistics Centre-IL, Opposite Gate 6 Cargo Terminal, IGI Airport, New Delhi, India (110037)
TRANSPORTER ID: 06AAPCS9575E1ZR
CIN No: U63090DL2011PTC221234
PAN: AAPCS9575ESPOTON LOGISTICS PVT LTD (Formerly Startrek Logistics Pvt Ltd)
REGISTERED OFFICE: Thanavan, 23/24, Infantary Road, Bengaluru, India (560001)
TRANSPORTER ID: 29AAQCS5815Q1Z1
CIN No: U63090GJ2011PTC108834
PAN: AAQCS5845QFor terms and conditions visit www.delhivery.comSHIPMENT DELIVERED TO: **SELF COLLECT**

Recipient's Name: SAURASHTRA ENVIRO PROJECTS PVT LTD

Recipient's phone no.:

Street Name: NAGAR NIGAM HETRTING DUMPING YARD BHOOMYA JI MAHARAJ MANDIR NR BY LNMIT POLICE CHOKI TAHSIL -JAIPUR RAJSTHAN

City: Jaipur State: Rajasthan Pincode: 302031

GSTIN: URP


Address/Store Code:



POD REMARKS

ALL OKAY <input type="checkbox"/>	SHORT BOX? <input type="checkbox"/>	Date of receipt:
If yes, number of short boxes: _____		Time of receipt:
		RECEIVER'S SIGN:

DAMAGED CONTENT? <input type="checkbox"/>	ITEMS MISSING IN RECEIVED BOXES? <input type="checkbox"/>	STAMP/SEAL:
If yes, number of boxes having damaged content: _____		 OR, phone no in lieu of stamp:
If yes, mention the AWB no(s) of boxes having pilferage: _____		
If yes, number of short items: _____ Please describe the short items:		

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DELHIVERY		 SPOTON <small>Engineered for Accuracy</small>		Created Date: 06/04/26 Pickup Date: 06/04/26	
SHIPMENT PICKED FROM:				SELF DROP <input type="checkbox"/>	
Shipper's Name: VVEXPRESSDC B2BR					
Shipper's phone no:					
Street Name: PATIL NIWAS H.NO.1816, GALA NO.4 GROUND FLOOR GROUND FLOOR Bhiwandi DAPODE ROAD, VAL PADA					
City: Greater Thane		State: Maharashtra		Postal Code: 421302	
GSTIN:					
SHIPMENT INFORMATION					
SHIPPER'S REFERENCE NO.: SDBU-A8				MOT: Road ROV: BY SHIPPER	
INVOICE NO.: 18		EWBN :		Freight Payment: FoP Invoice Value Payment: Pre-paid	
TOTAL INVOICE VALUE: 49560.0		MASTER AWB: 7945110096563		POD on Invoice: Not required	
BOXES x DIMENSION (LxWxH) cm		ACTUAL WEIGHT(kg)		SAID TO CONTAIN	
1 Box: 144x108x73		191.0		Slicing Machine	
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					

302568050					
			302568050		
SHIPMENT DELIVERED TO:					SELF COLLECT <input type="checkbox"/>
Recipient's Name: Saurabh Khandelwal, Saurabh Khandelwal					
Recipient's phone no.:					
Street Name: 22, MOTI VIHAR, AGRA ROAD, JAIPUR RAJASTHAN Pincode : 302031, Jaipur, Rajasthan, IN, 302031, Saurabh Khandelwal					
City: Jaipur		State: Rajasthan		Pincode: 302029	
GSTIN:					
Address/Store Code:					
POD REMARKS					
ALL OKAY <input type="checkbox"/>		SHORT BOX? <input type="checkbox"/>		Date of receipt:	
		If yes, number of short boxes: _____		Time of receipt:	
				RECEIVER'S SIGN:	
DAMAGED CONTENT? <input type="checkbox"/>		ITEMS MISSING IN RECEIVED BOXES? <input type="checkbox"/>		STAMP/SEAL:	
If yes, number of boxes having damaged content: _____		If yes, mention the AWB no(s) of boxes having pilferage:		 7820936819 OR, phone no in lieu of stamp: 702810197337	
		If yes, number of short items: _____			
		Please describe the short items:			
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