

Employees' State Insurance Corporation

Insurance

Monthly Contribution > Online Challen Form

| Transaction status: | | * Required Fields |
|---|----------------------------|---|
| Employer's Code No. | Completed successfully. | an an an ann an an an an an an an an an |
| Employer's Name: Challan Period: | 20001155600001018 | |
| | ADVANCE HIGH TECH SECURITY | n han an a |
| Challan Number : | Mar-2023 | |
| Challan Created Date Challan Submitted Date Amount Paid: Transaction Number: | 02023112062317 | |
| | 08-04-2023 12:58:52 | |
| | 12-04-2023 14:02:57 | |
| | 166048.00 | |
| | CHM2768109 | · |

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