

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	
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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	
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