



**ESIC**  
Employees' State Insurance Corporation

Insurance

**e-Challan Payment**

Required Fields

Employer Code \*

69221195880010999

**Transaction Details**

\* Required Fields

<b>Transaction status:</b>	Transaction Completed Successfully
<b>Employer's Code No:</b>	69221195880010999
<b>Employer's Name:</b>	
<b>Challan Period:</b>	Mar-2018
<b>Challan Number :</b>	06918114705679
<b>Challan Created Date</b>	16-05-2018 13:35:49
<b>Challan Submitted Date</b>	16-05-2018 13:36:01
<b>Amount Paid:</b>	28041.00
<b>Transaction Number:</b>	CPH1341839

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