



ESIC
Employees' State Insurance Corporation

Insurance

0

Monthly Contribution > Online Challan Form

DELHI

Transaction Details

* Required Fields

| | |
|------------------------|---------------------------|
| Transaction status: | Completed successfully. |
| Employer's Code No: | 22330326180011001 |
| Employer's Name: | SUMEET FACILITIES LIMITED |
| Challan Period: | Dec-2023 |
| Challan Number : | 02224101877053 |
| Challan Created Date | 11-01-2024 13:52:45 |
| Challan Submitted Date | 11-01-2024 13:52:59 |
| Amount Paid: | 265707 |
| Transaction Number: | CPADKWMB2 |

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For SUMEET FACILITIES LTD.

[Handwritten Signature]
Authorized Signatory