



**ESIC**  
Employees' State Insurance Corporation

Insurance

0

Monthly Contribution > Online Challan Form

**Transaction Details**

\* Required Fields

Transaction status:	Completed successfully.
Employer's Code No:	22330341190011001
Employer's Name:	—
Challan Period:	—
Challan Number :	02221134897711
Challan Created Date	13-11-2021 13:58:21
Challan Submitted Date	13-11-2021 13:58:34
Amount Paid:	35563
Transaction Number:	CPABETTBX1

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