



**ESIC**  
Employees' State Insurance Corporation

Insurance

**e-Challan Payment**

Required Fields

Employer Code \*

69690469740011001

**Transaction Details**

\* Required Fields

<b>Transaction status:</b>	Transaction Completed Successfully
<b>Employer's Code No:</b>	69690469740011001
<b>Employer's Name:</b>	
<b>Challan Period:</b>	Mar-2017
<b>Challan Number :</b>	06917110425088
<b>Challan Created Date</b>	28-04-2017 17:34:28
<b>Challan Submitted Date</b>	15-05-2017 14:02:52
<b>Amount Paid:</b>	268395.00
<b>Transaction Number:</b>	CH60427377

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