



**ESIC**  
Employees' State Insurance Corporation

Insurance

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Monthly Contribution > Online Challan Form

Transaction Details		* Required Fields
<b>Transaction status:</b>	Completed successfully.	
<b>Employer's Code No:</b>	33000968330001099	
<b>Employer's Name:</b>	CHECKMATE OFFICE SOLUTIONS	
<b>Challan Period:</b>	Feb-2023	
<b>Challan Number :</b>	03323110486375	
<b>Challan Created Date</b>	15-03-2023 09:52:37	
<b>Challan Submitted Date</b>	15-03-2023 09:52:43	
<b>Amount Paid:</b>	39	
<b>Transaction Number:</b>	IGAPHCVMP6	

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