

## Insurance

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Monthly Contribution > Online Challan Form

| Transaction Details    | * Required Fields                  |
|------------------------|------------------------------------|
| Transaction status:    | Transaction Completed Successfully |
| Employer's Code No:    | 37001165830000999                  |
| Employer's Name:       | SHRI SHYAM ENTERPRISE              |
| Challan Period:        | Feb-2023                           |
| Challan Number :       | 0372311118473                      |
| Challan Created Date   | 21-03-2023 11:24:16                |
| Challan Submitted Date | 22-03-2023 15:44:43                |
| Amount Paid:           | 9525.0                             |
| Transaction Number:    | 2799000288                         |
|                        | Print Close                        |

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