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Insurance

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Employees' State Insurance Corporation

Monthly Contribution > Online Challan Form

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Transaction Details		* Required Field
Transaction status:	Completed Successfully	
Employer's Code No:	22000701970001001	
Employer's Name:		
Challan Period:		
Challan Number :	02224110020165	
Challan Created Date	13-03-2024 10:06:45	
Challan Submitted Date	14-03-2024 23:33:20	
Amount Paid:	11693.0	
Transaction Number:	1376976832	
	Print Close	

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