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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 Fields
Transaction status:	Completed Successfully	
Employer's Code No:	22000701970001001	
Employer's Name:	PARADISE ENTERPRISES	
Challan Period:	Jan-2024	
Challan Number :	02224104711200	
Challan Created Date	07-02-2024 14:34:27	
Challan Submitted Date	15-02-2024 23:49:17	
Amount Paid:	4345.0	
Transaction Number:	1372943573	
	Print Close	

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