



**ESIC**  
Employees' State Insurance Corporation

Insurance

Monthly Contribution > Online Challan Form

**Transaction Details**

\* Required Fields

<b>Transaction status:</b>	Completed successfully.
<b>Employer's Code No:</b>	22000355430001001
<b>Employer's Name:</b>	AJIT CONTRACTOR
<b>Challan Period:</b>	jul-2018
<b>Challan Number :</b>	02218122678058
<b>Challan Created Date</b>	08-08-2018 15:26:18
<b>Challan Submitted Date</b>	11-08-2018 12:58:23
<b>Amount Paid:</b>	8343.00
<b>Transaction Number:</b>	CPJ1928074

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