



**ESIC**  
Employees' State Insurance Corporation

Insurance

0

Monthly Contribution > Online Challan Form

**Transaction Details**

\* Required Fields

<b>Transaction status:</b>	Completed successfully.
<b>Employer's Code No:</b>	20000184550001001
<b>Employer's Name:</b>	VKS SERVICES PVT. LTD.
<b>Challan Period:</b>	Feb-2020
<b>Challan Number :</b>	02020108548611
<b>Challan Created Date</b>	13-03-2020 12:57:03
<b>Challan Submitted Date</b>	13-03-2020 12:57:12
<b>Amount Paid:</b>	235351
<b>Transaction Number:</b>	CPAABTKTV6
<a href="#">Print</a> <a href="#">Close</a>	

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