



**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>	20690312580011099	
<b>Employer's Name:</b>	SAMS FACILITIES MANAGEMENT (P) LTD	
<b>Challan Period:</b>	Apr-2023	
<b>Challan Number :</b>	02023116660203	
<b>Challan Created Date</b>	11-05-2023 23:16:47	
<b>Challan Submitted Date</b>	20-05-2023 15:54:10	
<b>Amount Paid:</b>	108942.00	
<b>Transaction Number:</b>	CHM6466305	
<a href="#">Print</a> <a href="#">Close</a>		

DISCLAIMER: Content owned, maintained and updated by Employee's State Insurance Corporation. Copyright © 2009, ESIC, India. All Rights Reserved. Best viewed in 1024 x 768 pixels, Designed and Developed by Wipro LTD. IP Address :