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Employees' State Insurance Corporation

Insurance

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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>	May-2023	
<b>Challan Number :</b>	02023120891440	
<b>Challan Created Date</b>	13-06-2023 21:03:49	
<b>Challan Submitted Date</b>	14-06-2023 18:29:58	
<b>Amount Paid:</b>	110473.00	
<b>Transaction Number:</b>	CHM8644474	
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