



**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>	Oct-2023
<b>Challan Number :</b>	02023139701451
<b>Challan Created Date</b>	12-11-2023 16:21:23
<b>Challan Submitted Date</b>	26-12-2023 15:27:36
<b>Amount Paid:</b>	84238.00
<b>Transaction Number:</b>	CHO5890023

Print

Close

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 :