



**ESIC**  
Employees' State Insurance Corporation

Insurance

0

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Transaction Details		* Required Fields
Transaction status:	Completed Successfully	
Employer's Code No:	69670776280010999	
Employer's Name:	INFORMA FACILITY SERVICES PRIVATE LIMITED	
Challan Period:	Apr-2023	
Challan Number :	06923118214270	
Challan Created Date	19-05-2023 13:21:52	
Challan Submitted Date	24-05-2023 20:33:21	
Amount Paid:	92577.00	
Transaction Number:	231442951714	
<input type="button" value="Print"/> <input type="button" value="Close"/> 		

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