



**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:	Oct-2023	
Challan Number :	06923140963636	
Challan Created Date	22-11-2023 15:53:54	
Challan Submitted Date	22-11-2023 16:41:12	
Amount Paid:	123315.00	
Transaction Number:	233268641789	
<input type="button" value="Print"/> <input type="button" value="Close"/> 		

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