



**ESIC**  
Employees' State Insurance Corporation

Insurance

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Monthly Contribution > Online Challan Form

Transaction Details		* Required Fields
<b>Transaction status:</b>	Completed successfully.	
<b>Employer's Code No:</b>	20000462440001001	
<b>Employer's Name:</b>	BST SECURITY & LABOUR SERVICES PVT.LTD.	
<b>Challan Period:</b>	Dec-2023	
<b>Challan Number :</b>	02024102947500	
<b>Challan Created Date</b>	15-01-2024 12:51:27	
<b>Challan Submitted Date</b>	15-01-2024 13:04:59	
<b>Amount Paid:</b>	211475.00	
<b>Transaction Number:</b>	CHO7731635	

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