



**ESIC**  
Employees' State Insurance Corporation

Insurance

**e-Challan Payment**

Required Fields

**Employer Code \***

11001090450001001

**Transaction Details**

\* Required Fields

<b>Transaction status:</b>	Transaction Completed Successfully
<b>Employer's Code No:</b>	11001090450001001
<b>Employer's Name:</b>	KAJAL SECURITY AND PLACEMENT SERVICES
<b>Challan Period:</b>	Sep-2020
<b>Challan Number :</b>	01120129528241
<b>Challan Created Date</b>	14-10-2020 13:06:41
<b>Challan Submitted Date</b>	15-10-2020 17:07:06
<b>Amount Paid:</b>	13016.00
<b>Transaction Number:</b>	CPAAIZXIX8

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