



**कर्मचारी राज्य बीमा निगम**  
**Employees' State Insurance Corporation**  
 (Ministry of Labour and Employment, Government of India)



**श्रम एवं रोजगार मंत्रालय**  
**Ministry of Labour & Employment**  
 भारत सरकार (Government of India)

[English / हिंदी](#)

**e-Challan Payment**

**Required Fields**

Employer Code \*

**Transaction Details**

\* Required Fields

<b>Transaction status:</b>	Transaction Completed Successfully
<b>Employer's Code No:</b>	11000387100001001
<b>Employer's Name:</b>	IMPRESSIONS SERVICES (P) LTD.
<b>Challan Period:</b>	Oct-2024
<b>Challan Number :</b>	01124142350513
<b>Challan Created Date</b>	13-11-2024 18:04:38
<b>Challan Submitted Date</b>	13-11-2024 18:05:45
<b>Amount Paid:</b>	1134506.00
<b>Transaction Number:</b>	CHR6307366

Print Close

IP Address :

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