



**ESIC**  
Employees' State Insurance Corporation

Insurance

**e-Challan Payment**

Required Fields

Employer Code \*

20001002170001001

**Transaction Details**

\* Required Fields

<b>Transaction status:</b>	Transaction Completed Successfully
<b>Employer's Code No:</b>	20001002170001001
<b>Employer's Name:</b>	INNOVISION LIMITED
<b>Challan Period:</b>	Sep-2017
<b>Challan Number :</b>	02017126909045
<b>Challan Created Date</b>	15-10-2017 23:57:10
<b>Challan Submitted Date</b>	15-10-2017 23:57:18
<b>Amount Paid:</b>	383221.00
<b>Transaction Number:</b>	CH68816650

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