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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>	10001205010000999	
<b>Employer's Name:</b>	ARNA FACILITIES PRIVATE LIMITED	
<b>Challan Period:</b>	Nov-2021	
<b>Challan Number :</b>	01021139007604	
<b>Challan Created Date</b>	15-12-2021 13:05:36	
<b>Challan Submitted Date</b>	15-12-2021 13:06:39	
<b>Amount Paid:</b>	46381	
<b>Transaction Number:</b>	CHI2167963	
<a href="#">Print</a> <a href="#">Close</a>		

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