



**ESIC**  
Employees' State Insurance Corporation

Insurance

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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>	Jun-2023	
<b>Challan Number :</b>	01023124219469	
<b>Challan Created Date</b>	13-07-2023 13:58:32	
<b>Challan Submitted Date</b>	13-07-2023 14:33:54	
<b>Amount Paid:</b>	40874.00	
<b>Transaction Number:</b>	CHN1165002	
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