



**ESIC**  
Employees' State Insurance Corporation

Insurance

0

[Monthly Contribution](#) > [Online Challan Form](#)

| Transaction Details                         |                        | * Required Fields |
|---|------------------------|-------------------|
| <b>Transaction status:</b>                  | Completed Successfully |                   |
| <b>Employer's Code No:</b>                  | 20001054830001001      |                   |
| <b>Employer's Name:</b>                     | CORE ENTERPRISES       |                   |
| <b>Challan Period:</b>                      | May-2023               |                   |
| <b>Challan Number :</b>                     | 02023119099583         |                   |
| <b>Challan Created Date</b>                 | 06-06-2023 11:26:34    |                   |
| <b>Challan Submitted Date</b>               | 08-06-2023 08:57:59    |                   |
| <b>Amount Paid:</b>                         | 32460.00               |                   |
| <b>Transaction Number:</b>                  | 926096237              |                   |
| <a href="#">Print</a> <a href="#">Close</a> |                        |                   |

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