

EMPLOYEE'S STATE INSURANCE CORPORATION

Original

Challan Form for Deposit in A/C No.1

Date	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Employer's Code Bank & Branch Code Axis Bank AXB

Name of Factory/Estt & Address

Mode Of Payment(Tick mode used)

Cash Cheque DD

Cheque/DD No. 123456

Date

Drawn on (Name of the Bank) Axis Bank Period of Contribution

Nature of Payment(Tick Mode used) Regular Contribution Interest Damages Others

No. of Employees 67 No. of Employees 67

Employees Contribution Rs. 1000

Employer's Contribution Rs. 800

Interest

Damages

Others

Total Rs. 1800

Total Amount in Words Rs One thousand Eight hundred and Only

R.O. Demand Letter No. & Date

Date of Presentation	Date of Clearing
Bank Seal	Bank Seal

Signature

Name & Designation - Seal of Authorised Signatory

(to be filled by Depositor)

(Acknowledgement)

Recieved Rs. Rs. 1800

Rs. Rs One thousand Eight hundred and Only only)

In Cash/by Cheque/DD No. 123456 Dated (Subject to

Realisation) drawn on Axis Bank (Bank) in favour of ESIC A/C No. 1

Bank Scroll No.
Date
Authorised Signature & seal of the Receiving Bank