

Insurance

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Monthly Contribution > Online Challan Form

| Transaction Details | | * Required Field |
|------------------------|-------------------------|------------------|
| Transaction status: | Completed successfully. | |
| Employer's Code No: | 10000757990001001 | |
| Employer's Name: | KARTIKAY ENTERPRISES | |
| Challan Period: | Jun-2023 | |
| Challan Number : | 01023124344615 | |
| Challan Created Date | 13-07-2023 19:47:34 | |
| Challan Submitted Date | 15-07-2023 13:37:49 | |
| Amount Paid: | 515197.00 | |
| Transaction Number: | CPACXJAYF2 | |
| | Print Close | |

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