

Payment ID for future communication: 721121954 (Confirmation has been mailed you.)

E-Receipt for
Tax Payment

Remitter's Name	AMTZ MEDPOLIS SQUARE PRIVATE LIMITED
Department Code	2303
Challan Number	6401935470
Departmental Transid	36240903225910
DDO Code	25002303008
Head of Account	0028001070001000000NVN
Amount	700.00
Transaction Date & Time	03-09-2024 10:57:19
Debit Account Number	919020031272204
Transaction Status	SUC
Remarks	PTAMTZAUG2024



ESIC
Employees' State Insurance Corporation

Insurance

0

Monthly Contribution > Online Challan Form

Transaction Details

* Required Fields

Transaction status:	Completed Successfully
Employer's Code No:	52001142110000999
Employer's Name:	AMTZ MEDPOLIS SQUARE PRIVATE LIMITED
Challan Period:	Oct-2024
Challan Number :	05224141221592
Challan Created Date	05-11-2024 15:46:44
Challan Submitted Date	17-11-2024 11:19:36
Amount Paid:	2203.00
Transaction Number:	826602762

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