CHALLAN FORM FOR PAYMENT OF EMPLOYEES' PROVIDENT / EMPLOYEES' STATE INSURANCE CONTRIBUTION

1. Name & Address of Factory/ Establishment

	EPFO	ESIC
2. Establishment code number		
3. Number of Subscribers / Employees		
4. Total Wages	EPF / EPS	ESIC
5. Month of contribution	EPFO (M M Y Y)	ESIC (M M Y Y)

	A:EPF Account Number						B:ESI Fund Account No. I
	I	II	X	XXI	XXII	TOTAL	
Employers' Contribution							
Employees' Contribution							
Admn. Charges							
Inspection Charges							
Interest							
Damages							
Others Demand letter No. & Date							
TOTAL							

Mode of Payment — Cheque / DD No. — Dated (D D - M M - Y Y Y Y) — CASH

Bank Name

Strike out whichever is not applicable

Signature
Name, Designation & Seal of Authorised Officials
Contract No.

Acknowledgment

Received Rs. _____

Rupees _____

Cash/Cheuqe/DD No. _____ Dated _____

Drawn on _____ (Bank)

Date of Presentation

Date of Realisation

Date of Credit (D D - M M - Y Y Y Y)

For use in Bank

Branch Name

Branch Code No.

Bank Scroll No.

Date (D D - M M - Y Y Y Y)

Authorised Signature & Seal of Receiving Bank