

**EMPLOYEES' STATE INSURANCE CORPORATION**

**Original**

**Challan Form for Deposit in A/C No.1**

Date	Month	Year
0 1	0 5	2 0 2 2

Employer's Code \_\_\_\_\_ Bank & Branch Code \_\_\_\_\_

Name of Factory/Estt & Address **Relyon Softech Pvt Ltd**  
**Rajajinagar**

Mode of Payment(Tick  mode used) Cash  Cheque  D.D

Cheque / DD No. \_\_\_\_\_ Dated

Drawn on (Name of the Bank) \_\_\_\_\_ Period of Contribution **05/2022**

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

No of Employees  Total Wages

Employees Contribution

Employer's Contribution

Interest

Damages

Others

Total

Total amount (in words) **Rupees Zero**

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. \_\_\_\_\_ only)

In Cash/by Cheque/DD No. \_\_\_\_\_ Dated \_\_\_\_\_ (subject to Realisation)drawn on \_\_\_\_\_ (Bank) in favour of ESIC A/C No. 1

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