OR	IGINAL
for	Bank

Challan No.	

EMPLOYEES' STATE INSURANCE FUND ACCOUNT NO. 1

PAY-IN-SLIP FOR CONTRIBUTION OTHER RECEIPTS

STATE BANK OF INDIA

Station	Dated		
Particulars of Cash/Cheque No.		Amount Rs.	P.
	Total		
Paid into the credit of the Employee Account No. 1 Rs	(Rupees		
Cash/by Cheque (on realisation) for pass per details given below under the Em Act, 1948, for the month of	ayment iployees'	of contribut State Insura	ions ance
Name and address of Factory/Establishment:			
No. of Employees Total Wages Rs Employees' Contribution Rs Employers' Contribution Rs Total Rs	• • • • • • • • • • • • • • • • • • • •	***************************************	
(For use in Bank) ACKNOWLEDGEM (To be filled by depos			
Received payment with Cash/Cheques dated for Rs	3		
on	in favo	only) dr	awn

Dated:

Authorised Signatory of the receiving Bank

DUPLICATE for E.S.I.C. through Bank

01 11 27	
Challan No.	_

EMPLOYEES' STATE INSURANCE FUND ACCOUNT NO. 1

PAY-IN-SLIP FOR CONTRIBUTION OTHER RECEIPTS

STATE BANK OF INDIA

Station		ated	
Particulars of Cash/Cheque No.		Amount Rs.	P.
Tot	al		
Paid into the credit of the Employees' S Account No. 1 Rs(Ru	pee	s	
Cash/by Cheque (on realisation) for paym as per details given below under the Employ Act, 1948, for the month of	ent yees	of contribut State Insura	ions ance
Name and address of Factory/Establishment:			
No. of Employees			
(For use in Bank) ACKNOWLEDGEMEN (To be filled by depositor			
Received payment with Cash/Cheque/Ddatedfor Rs (Rupees			
on(Bank) in State Insurance Fund Account No. 1 Sl. No. in Bank's Scroll		only) dra	awn

Dated:

Authorised Signatory of the receiving Bank

TR	IPLICATE
for	Depositor

Dated:

Challan No.	

Authorised Signatory of the receiving Bank

EMPLOYEES' STATE INSURANCE FUND ACCOUNT NO. 1

PAY-IN-SLIP FOR CONTRIBUTION OTHER RECEIPTS

STATE BANK OF INDIA

Station	Dated		
Particulars of Cash/Cheque No.		Amount Rs.	P.
	Total		
Paid into the credit of the Employee Account No. 1 Rs	(Rupees		
Cash/by Cheque (on realisation) for pass per details given below under the Em Act, 1948, for the month of	ayment iployees'	of contribut State Insura	ions ance
Name and address of Factory/Establishment:			
No. of Employees Total Wages Rs Employees' Contribution Rs Employers' Contribution Rs Total Rs	• • • • • • • • • • • • • • • • • • • •	***************************************	
(For use in Bank) ACKNOWLEDGEM (To be filled by depos			
Received payment with Cash/Cheques dated for Rs	3		
on	in favo	only) dr	awn

QUADRUPLICATE (for Depositor to be attached with Return of Contributions)

Challan No.	
Chanan No.	

EMPLOYEES' STATE INSURANCE FUND ACCOUNT NO. 1

PAY-IN-SLIP FOR CONTRIBUTION OTHER RECEIPTS

STATE	BANK	OF	INDIA

Station Dated		,
Particulars of Cash/Cheque No.	Amount Rs.	P.
Total		
Paid into the credit of the Employees' State Account No. 1 Rs(Rupee	s	
Cash/by Cheque (on realisation) for payment as per details given below under the Employees Act, 1948, for the month of Deposited by Employer's Code No.	of contribut State Insura	ions ance
Name and address of Factory/Establishment:		
No. of Employees Total Wages Rs Employees' Contribution Rs Employers' Contribution Rs Total Rs		
(For use in Bank)		
ACKNOWLEDGEMENT (To be filled by depositor)		
Received payment with Cash/Cheque/Draft dated for Rs. (Rupees (Bank) in favo State Insurance Fund Account No. 1 Sl. No. in Bank's Scroll	only) dr	awn

Dated:

Authorised Signatory of the receiving Bank