Print Date 23-Oct-2026

CHALLAN FORM FOR PAYMENT OF EMPLOYEE'S STATE INSURANCE / EMPLOYEES PROVIDENT CONTRIBUTION **QUADRAPLICATE**
CHALLAN FORM FOR EMPLOYEE'S PROVIDENT FUND CONTRIBUTION ONLY

1. Name and Address of factory / establishment

EPFO **~~ESIC~~**

2. Establishments Code Number

EPF	EPS	EDLI

3. Number of Subscribers / Employees

4. Total Wages

ESIC	

5. Month of contribution EPFO [Wage Month] [Due Month] ESIC

	A:EPF Account Number						B:ESIC FUND					
	I	II	X	XXI	XXII	TOTAL	Account No. 1					
Employer's contribution												
Employee's contribution												
Adm. charges												
Inspection charges												
Interest												
Damages												
Others/demand letter no. & date *												
Total												

Mode of Payment Cheque/DD No. Date Cash

Signature

Name, designation & Seal of Authorised official

Contact No.

* strike out whichever is not applicable

Acknowledgement

Received Rs.

Rupees ONLY

Cash/Cheque/DD No. Dated.

Drawn on.

Date of presentation

Date of Realisation

Date of Credit

Branch Name

Branch Code No.

Branch Scroll No.

Date

Authorised Signature & Seal of Receiving Bank