



Depositors Copy  
**Employees' State Insurance Corporation**  
**State Bank of India**



(CHALLAN CAN BE  
 SUBMITTED AT ANY SBI  
 BRANCH)

USE CBS SCREEN NO. **8888**  
 Fee Type **56**

**Challan No. (Registration ID/Ref. No. in SBI CBS) : 01014116072838**

Party code : 10210350050011001      Challan Date : 11/7/2014

Name of Fact \_stt./Party : USHPAL ENTERPRISES,

Address: MJ- 10,11 HARICHAND MELA RAM ,  
 COMPLEX,  
 MANDOLI, DELHI

Mobile No: ---

Mode of Payment      Cheque

Cheque/DD/Ref. No. : 00057      Dated : 08/07/14

Drawn on (Name of the Bank) : H D F C Bank

**Remittance Details**

Type	Amount	Periods
Contribution	10884	Jun2014

**Total**      10884

**Total (in words)**      Rupees Ten Thousand Eight Hundred Eighty-Four Only

(For Bank's use)

Deposited Date: D D M M Y Y

Journal No. [ ]

Branch Stamp and Signature of Cashier

Notes :

- 1) No Charges/Commission to be charged from the depositor.
- 2) Strike out the not applicable option.

