



**COMBINED CHALLAN OF A/C NO. 01, 02, 10, 21 & 22 (With ECR)
(STATE BANK OF INDIA)
EMPLOYEES' PROVIDENT FUND ORGANISATION
DELHISOUTH**

TRRN: 1051603009893
Employer E-Sewa

ESTABLISHMENT CODE & NAME : DSNHP0033900000 MODI HEALTHCARE PLACEMENT INDIA PVT LTD

ADDRESS : 53,COMMUNITY CENTER NEW FRIENDS COLONYNEW DELHI190DL

Dues for the wage month of:02/2016

TOTAL SUBSCRIBERS:	A/C.01 3	A/C.10 3	A/C.21 3
TOTAL WAGES:	A/C.01 16268	A/C.10 16268	A/C.21 16268

SL. PARTICULARS	A/C.01	A/C.02	A/C.10	A/C.21	A/C.22	TOTAL
1. EMPLOYER'S SHARE OF CONT.	597		1355	138		2090
2. EMPLOYEE'S SHARE OF CONT.	1952					1952
3. ADMIN CHARGES		500			200	700
4. INSPECTION CHARGES						
5. PENAL DAMAGES						
6. MISC. PAYMENT (INTEREST U/S 7Q)						

GRAND TOTAL (IN WORDS) : Rupees Four Thousand Seven Hundred and Forty-Two Only

4742

FOR BANKS USE ONLY

Amount Received Rs. -----
Date of presentation of Cheque/DD -----
Date of Realisation of Cheque/DD -----
SBI Branch Name -----
SBI Branch Code -----

FOR ESTABLISHMENT USE ONLY (To be manually filled by Employer)

Cheque/DD No ----- Date: -----
Cheque/DD drawn bank & Branch-----
Name of the Depositor-----
Date of Deposit----- Mobile No. -----
Signature of the Depositor-----

(KINDLY SUBMIT CHEQUE/DEMAND DRAFT & CHALLAN AT SBI COUNTER ONLY)

(This is a system generated challan generated on 14/03/2016 16:29, the particulars shown in this challan are populated from the Electronics Challan Return (ECR) uploaded by the establishment for the specified month and year. Remittance can be made through a local Cheque/DD in any designated branch of SBI)

This Challan is not the proof of payment of PF Dues. For confirming remittance status, please visit www.epfindia.gov.in >> TRRN Query

Authorized Signatory/Director

For MODI STAFFING