



Bank Copy  
Employees' State Insurance Corporation  
State Bank of India



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**

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

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

Party code : Challan Date :  
Name of  
Factory/Estt./Party :  
Address:

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

Party code : Challan Date :  
Name of  
Factory/Estt./Party :  
Address:

Mobile No:

Mobile No:

Mode of Payment

Cheque/DD/Ref. No. : Dated :  
Drawn on (Name of the Bank) :

Mode of Payment

Cheque/DD/Ref. No. : Dated :  
Drawn on (Name of the Bank) :

Remittance Details

Total  
Total (in words)

Denomination

1000 X	
500 X	
100 X	
50 X	
20 X	
10 X	
5 X	
2 X	
1 X	
Total	

Remittance Details

Type	Amount	Periods
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Total

Total (in words)

(For Bank's use)

Deposited Date:     D D    M M    Y Y 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.

(For Bank's use)

Deposited Date:     D D    M M    Y Y Y Y      
Journal No.

Branch Stamp and Signature of Cashier

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