

## EMPLOYEES PROVIDENT FUND ORGANISATION

**COMBINED CHALLAN OF A/C NO. 1.2.10.21. & 22**

Name & address of branch-  
STATE BANK OF INDIA, Sector 22-C, Chandigarh

**ORIGINAL**

ESTABLISHMENT CODE NO.

P	N		C	H	3	7	x	x	x
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ACCOUNT GROUP NO.

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PAID BY CHEQUE/DD/CASH

DUES FOR THE MONTH OF

Employee's Share	0	9	1	1
Employer's Share				

DATE OF PAYMENT

D	D	M	M	Y	Y

TOTAL NO. OF SUBSCRIBERS

A/c-1		23		A/c-10		23		A/c-21		23
TOTAL WAGES/SALARY		32879				32879				32879

S.NO.	PARTICULARS	A/C NO.1	A/C NO.2	A/C NO.10	A/C NO. 21	A/C NO. 22	TOTAL
1	EMPLOYER'S SHARE OF CONTRIBUTION	1207	N.A.	2739	164	N.A.	4110
2	EMPLOYEE'S SHARE OF CONTRIBUTION	3945	N.A.			N.A.	3945
3	ADMINISTRATIVE CHARGES	N.A.	362	N.A.	N.A.		362
4	INSPECTION CHARGES	N.A.		N.A.	N.A.	3	3
5	PENAL DAMAGES						0
6	MISC. PAYMENT (Please specify)						0
	<b>TOTAL</b>	<b>5152</b>	<b>362</b>	<b>2739</b>	<b>164</b>	<b>3</b>	<b>8420</b>

TOTAL AMOUNT IN RUPEES (in words)-

**Rupees Eight Thousand Four Hundred and Twenty Only**

NAME OF ESTABLISHMENT-  
ADDRESS-

NAME OF THE DEPOSITOR-

SIGNATURE OF THE DEPOSITOR-

[TO BE FILLED IN BY EMPLOYER-IN CASE PAYMENT IS MADE BY CHEQUE/DD]

CHEQUE NO-

DATE-

NAME & ADDRESS OF THE BANK

<b>For Bank's use only.</b>	
Amount Received Rs.-----	
[For cheque only]	
Date of presentation	DATE & SEAL OF BANK
Date of Realisation	
Branch name	
Branch code no.	