

2)Strike out the not applicable option.

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 BRANCH) | SBI | USE CBS | SCREEN NO. 888 | 8 | | (CHALLAN CAN BE SUBMITTED AT ANY S BRANCH) | ВІ | USE CBS SCREE | in no. 8888 | | |
|--|--|--------------|----------------------|---|---|---|---------------|--|-----------------------|------------|--|
| Challan No. (Registration ID/Ref. No. in SBI CBS) : 01114124052397 | | | | | | Challan No. (Registration ID/Ref. No. in SBI CBS): 01114124052397 | | | | | |
| Party code : | 11001187370001018 | | | | | Party code : | 11001 | 187370001018 | Challan Date : | 17/10/2014 | |
| Name of Factory/Estt./Party : Address: | TMS SECURITY SERVICES A-26, DEFENCE ENCLAVE, PART-II, MOHAN GARDEN, UTTAM N | | | | | Name of Factory/Estt./Party : | | TMS SECURITY SERVICES A-26, DEFENCE ENCLAVE, PART-II, MOHAN GARDEN, UTTAM NAGAF | | | |
| , | | | | | | Address: | , | | -, , | | |
| Mobile No: | lo: 9818241956 | | | | | Mobile No: | 98182 | 9818241956 | | | |
| Mode of Payment | Cheque | | | | Mode of Payment | | Cheque | | | | |
| Cheque/DD/Ref. No. : | lo.: Dated: | | | | Cheque/DD/Ref. No. : | | | Dated : | | | |
| Drawn on (Name of the Bank) : | | | | | Drawn on (Name of the | Bank) : | | | | | |
| Remittance Details | | | | | | Remittance Details | | | | | |
| Total | 15560 | | | | | Туре | Amou | ınt Per | iods | | |
| Total (in words) | Rupees Fifteer | n Thousand F | ive Hundred Sixty On | у | | Contribution | 1556 | 0 Se | p2014 | | |
| Denomination | 1000 X | | | | | | | | | | |
| | 500 X | | | | | Total | 1556 | 0 | | | |
| | 100 X | | | | | Total (in words) | Rupe | es Fifteen Thousand | Five Hundred Sixty On | ly | |
| | 50 X | | | | | , , | | | • | | |
| | 20 X | | | | | | | | | | |
| | 10 X 5 X | | | | | | | | | | |
| | 2 X | | | | | | | | | | |
| | 1 X | | | | | | | | | | |
| | Total | | | | | | | | | | |
| (For Bank's use) | | | | | | (For Bank's use) | | | | | |
| Deposited Date: | D D M M | I Y Y Y | <u></u> | | | Deposited Date: | D D M | MYYYY | - | | |
| Journal No. | | | T | | | Journal No. | | | | | |
| | | | | | | | | | | | |
| Branch Stamp and Sig | nature of Cashier | | | | | Branch Stamp and Sign | ature of Cash | ier | | | |
| Notes : | | | | | | Notes : | | | | | |
| 1)No Charges/Commission to be charged from the depositor. | | | | | 1)No Charges/Commission to be charged from the depositor. | | | | | | |

2)Strike out the not applicable option.