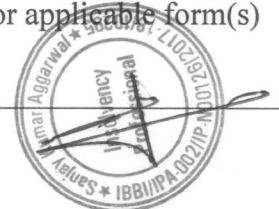


**FORM A**  
**PUBLIC ANNOUNCEMENT**

(Under Regulation 6 of the Insolvency and Bankruptcy Board of India  
(Insolvency Resolution Process for Corporate Persons) Regulations, 2016)

<b>FOR THE ATTENTION OF THE CREDITORS OF SRS HEALTH CARE &amp; RESEARCH CENTRE LIMITED</b>		
<b>RELEVANT PARTICULARS</b>		
1.	Name of corporate debtor	<b>SRS HEALTH CARE &amp; RESEARCH CENTRE LIMITED</b>
2.	Date of incorporation of corporate debtor	<b>10/05/2013</b>
3.	Authority under which corporate debtor is incorporated / registered	<b>Registrar of Companies ,Delhi</b>
4.	Corporate Identity No. / Limited Liability Identification No.of corporate debtor	<b>U85190HR2013PLC049113</b>
5.	Address of the registered office and principal office (if any) of corporate debtor	SUNFLAG HOSPITAL, SECTOR 16A FARIDABAD (HARYANA) -121 002 info@srs hospitals.com
6.	Insolvency commencement date in respect of corporate debtor	<b>01.03.2023</b>
7.	Estimated date of closure of insolvency resolution process	<b>28.08.2023</b> <b>(180<sup>th</sup> day from Insolvency Commencement Date)</b>
8.	Name and registration number of the insolvency professional acting as interim resolution professional	Sanjay Kumar Aggarwal IBBI/IPA-002/N-00126/2017-18/10295  (Appointed by Hon'ble NCLT Chandigarh Bench, Chandigarh (Adjudicating Authority under IBC) vide order dated 01.03.2023 in CP(IB) No.521/Chd/HRY/2019)
9.	Address and e-mail of the interim resolution professional, as registered with the Board	IBBI Registered Address: # C-20, Block-C, Wave Estate, Sector 85 SAS Nagar, Mohali – 160 055 (Punjab) Email: sanjayaggarwal.fcs@gmail.com Mobile No.- 98761 05414
10.	Address and e-mail to be used for correspondence with the interim resolution professional	<b>Sanjay Kumar Aggarwal</b> <b># C-20, Block-C, Wave Estate, Sector 85</b> <b>SAS Nagar, Mohali – 160 055 (Punjab)</b> <b>Email: ip.srshealthcare@gmail.com</b> <b>Mobile No.- 98761 05414</b>
11.	<b>Last date for submission of claims</b> as per Section 15(1)(c)/Regulations 6(2)(c) and 12 (1)	<b>15.03.2023</b> (14 days from appointment of IRP)
12.	Classes of creditors, if any, under clause (b) of sub-section (6A) of Section 21, ascertained by the interim resolution professional	Name the class(es)- NA
13.	Names of Insolvency Professionals identified to act as Authorized Representative of creditors in a class (Three names for each class)	1. NA 2. NA 3. NA
14.	(a) Relevant Forms and (b) Details of authorized representatives are available at:	(a) Web link: <a href="http://ibbi.gov.in/downloadform.html">http://ibbi.gov.in/downloadform.html</a> Please refer Note 1 given below for applicable form(s) (b) Not Applicable



**Notice** is hereby given that the Hon'ble National Company Law Tribunal, Chandigarh Bench , Chandigarh (Adjudicating Authority under IBC) has ordered the commencement of a corporate insolvency resolution process of **M/s SRS HEALTH CARE & RESEARCH CENTRE LIMITED**. The creditors of **M/s SRS HEALTH CARE & RESEARCH CENTRE LIMITED** are hereby called upon to submit their claims with proof on or before **15.03.2023** to the interim resolution professional at the address mentioned against entry No. 10.

The financial creditors shall submit their claims with proof by electronic means only. All other creditors may submit the claims with proof in person, by post or by electronic means.

A financial creditor belonging to a class, as listed against the entry No. 12, shall indicate its choice of authorised representative from among the three insolvency professionals listed against entry No.13 to act as authorised representative of the class in Form CA.

The submission of proof of claims should be made in accordance with Chapter IV of the Insolvency and Bankruptcy Board of India (Insolvency Resolution Process for Corporate Persons) Regulations, 2016. The proof of claims is to be submitted by way of the following specified forms along with documentary proof in support of their claims:

**Note- 1**

- Form B : for Claim by Operational Creditors Except Workmen and Employees
- Form C : for Claim by Financial Creditors
- Form CA : for Claim by Financial Creditors in a Class
- Form D : for Claim by a Workman or an Employee
- Form E : for Claim by Authorized Representative of Workmen and Employees
- Form F : for Claim by Creditors other than Financial Creditors and Operational Creditors

Kindly mention E-mail and Contact details in the Claim Form so that any query regarding respective Claim can be resolved immediately

**Submission of false or misleading proofs of claim shall attract penalties.**

**Date : 01.03.2023**

**Place: Mohali**

Signed by  
**Sanjay Kumar Aggarwal**  
Reg.No IBBI/IPA-002/N-00126/2017-18/10295  
Interim Resolution Professional  
For SRS HEALTH CARE & RESEARCH CENTRE LIMITED  
(Under CIRP)