

SCHEDULE 1**FORM A****PUBLIC ANNOUNCEMENT**

(Regulation 14 of the Insolvency and Bankruptcy Board of India (Voluntary Liquidation Process) Regulations, 2017)

FOR THE ATTENTION OF THE STAKEHOLDERS OF:

SHIVALIK MEDICO PRIVATE LIMITED

1.	NAME OF THE CORPORATE PERSON	SHIVALIK MEDICO PRIVATE LIMITED
2.	DATE OF INCORPORATION OF CORPORATE PERSON	13/04/1997
3.	AUTHORITY UNDER WHICH CORPORATE PERSON IS INCORPORATED/REGISTERED	REGISTRAR OF COMPANIES, DELHI (duly registered under Companies Act, 1956)
4.	CORPORATE IDENTITY NUMBER/LIMITED LIABILITY IDENTITY NUMBER OF CORPORATE PERSON	U85110DL1997PTC086973
5.	ADDRESS OF THE REGISTERED OFFICE AND PRINCIPAL OFFICE (IF ANY) OF CORPORATE PERSON	A-179, SHIVALIK COLONY, MALVIYA NAGAR, NEW DELHI - 110017, India.
6.	LIQUIDATION COMMENCEMENT DATE OF CORPORATE PERSON	12.10.2020
7.	NAME, ADDRESS, EMAIL ADDRESS, TELEPHONE NUMBER AND THE REGISTRATION NUMBER OF THE LIQUIDATOR	NAME: MR. HARDEV SINGH ADDRESS: 101, PLOT NO. 6, LSC, VARDHMAN RAJDHANI PLAZA, NEW RAJDHANI ENCLAVE, DELHI- 110092. EMAIL ADDRESS: singh_hardev@rediffmail.com TELEPHONE NUMBER:9810331425 REG. NO.: IBBI/IPA-002/IP-N00177/2017-18/10449
8.	LAST DATE FOR SUBMISSION OF CLAIMS	11.11.2020



Notice is hereby given that the Shivalik Medico Private Limited has commenced voluntary liquidation on **12th October 2020**.

The stakeholders of Shivalik Medico Private Limited are hereby called upon to submit a proof of their claims, on or before **11th November 2020**, to the liquidator at the address mentioned against item 7.

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

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

Date:- 13.10.2020
Place:- Delhi



Name and Signature of the Liquidator
REG. NO.: IBBI/IPA-002/IP-
N00177/2017-18/10449