

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 M/S CUREBOAT HEALTHCARE PRIVATE LIMITED

1.	NAME OF CORPORATE PERSON	M/S CUREBOAT HEALTHCARE PRIVATE LIMITED
2.	DATE OF INCORPORATION OF CORPORATE PERSON	05/11/2018
3.	AUTHORITY UNDER WHICH THE CORPORATE PERSON IS INCORPORATED/REGISTERED	Registrar of Companies, Delhi
4.	CORPORATE IDENTITY NUMBER / LIMITED LIABILITY IDENTITY NUMBER OF CORPORATE PERSON	U85320DL2018PTC341580
5.	ADDRESS OF THE REGISTERED OFFICE AND PRINCIPAL OFFICE (IF ANY) OF CORPORATE PERSON	Plot E-596, 4th Floor, Daani Plaza, Sector 7, Harijan Basti, South West Delhi, Dwarka, Delhi, India, 110045
6.	LIQUIDATION COMMENCEMENT DATE OF CORPORATE PERSON	19/08/2025
7.	NAME, ADDRESS, EMAIL ADDRESS, TELEPHONE NUMBER AND THE REGISTRATION NUMBER OF THE LIQUIDATOR	Mr. Dharmendra Kumar kumar36@hotmail.com ; cureboathealthcare03@gmail.com 9973603517 30, Tower 1, Supreme Enclave, Mayur Vihar Phase 1, New Delhi, National Capital Territory of Delhi, 110091 IBBI/IPA-003/IP-N00112/2017-2018/11264
8.	LAST DATE FOR SUBMISSION OF CLAIMS	18/09/2025

Notice is hereby given that the M/s Cureboat Healthcare Private Limited has commenced voluntary liquidation on 19/08/2025.

The stakeholders of M/s Cureboat Healthcare Private Limited are hereby called upon to submit a proof of their claims, on or before 18/09/2025, to the liquidator at the address mentioned against item 7.

The financial creditor shall submit their proofs of claim 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.


Name and Signature of the Liquidator



Date: 24/08/2025

Place: New Delhi

