

**Annexure – 7**

**Name of the corporate debtor: Syncom Healthcare Ltd. Date of commencement of CIRP: 14-08-2019; List of creditors as on: 24-02-2021**

**List of operational creditors (Government dues)**

(Amount in Rs)

Sl. No	Details of Claimant			Details of claim received		Details of claim admitted						Amount of contingent claim	Amount of any mutual dues, that may be set-off	Amount of claim not Admitted	Amount of claim under verification	Remarks, if any	
	Department	Government	Identification No.	Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	Amount covered by security interest	Amt covered by guarantee	Whether related party?	%of voting share in CoC, if Applicable						
1	Provident Fund	Employee Provident Fund Organisation	01	-	61,838	61,838	Unsecured	00	00	No	00	00	00	00	00	00	Claim Form not received from previous RP, considered on the basis of Information Memorandum
	TOTAL				61,838	61,838	-	00	00	-	00	00	00	00	00	-	