SI.	Name of	Name of	Identifica	Details	of claim	Details of claim admitted				Amount	Amount	Amount	Amount	Remarks,
No.		emplo yee		Date of	Amount	Amount	Amount of	Nature of	% share	of	of any	of claim	of claim	if any
	d			receipt	claimed	of claim	claim for the	claim		contingen	v	under	rejected	
	represent					admitted	period of		amount	t claim	dues, that	verificati		
	ative, if						twelve months		of claims		may be	on		
	any						preceding the		admitted		set-			
							liquidation				off			
							commencement							
							date							

Annexure – 4 List of operational creditors (Employees)