ANNEXURE 3															
			lers as on :												
	List of operational creditors (Workmen)														
S1. No.		orised Name of work man	Identific ation No.	Details of claim received		Details of claim admitted									
	Name of authorised representative , if any			Date of receipt	Amount	Amount of claim admitted	Amount of claim for the period of twenty four months preceeding the liquidation commencment date	Nature of claim	Whether related party?	% share in total amount of claims admitted	Amount of contingent claim	Amount of any mutual dues, that may be set- off	Amount of	Amount of claim rejected	Remarks if any
1	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
2	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	-			-	-			-		-	-	-	-	-	