

CLAIMS RECEIVED AFTER COMMENCING LIQUIDATION OF ASSOCIATED CYLINDERS AND ACCESSORIES PVT.LTD								
SL.NO	NAME OF THE CLAIMANT	TYPE OF CREDITOR	TYPE OF FORM	TOTAL AMOUNT DUE IN Rs.	REMARKS	ACCEPTED AMOUNT( IN Rs.)	DATE OF RECEIVING	PERIOD
1	EB DEPT		FORM-C	3138291		1609247	18-02-19	4/2016 to 160718
	<b>Total</b>	GOVT DEPT				<b>1609247</b>		

Admitted u/s.53(f)