## 

SL No.	Name of authorise d represent	emplo yee	Identifica tion No.	Details of claim received					Detail s of	Amount	Amount of any	Amo unt	Amount of claim not admitted	Remarks
				Date of receipt	Amount claimed		Nature of	Whether related		continge nt claim	mutual dues,	of clai	admitted	, if any
		Lakshmi Narayana (Authorize d Representa tive for 72)	Sepno/F/											of notice demandin payment c unpaid dues (salary dues) and any document ry or other proof that payment been made b) relieving letters of employees with their acknowler gements not received for claiming leave encashment and gratuity c) List of employee;
		employees		04-02-2020	64.32.476	60.08.968	Form E	No	0	Nil	Nil	Nil	4,23,508.00	