	CLAIMS RECEIVED	AFTER COM	IENCING LIQ	UIDATION OF	ASSOCIATED C	YLINDERS AI	ND ACCESSO	RIES PVT.LTE
SL.NO	NAME OF THE CLAIMANT	TYPE OF CREDITOR	TYPE OF FORM	TOTAL AMOUNT DUE IN Rs.	REMARKS	ACCEPTED AMOUNT(IN Rs.)	DATE OF RECEIVIN G	PERIOD
1	EB DEPT		FORM-C	3138291		1923527	18-02-19	4/2016 to 160718
2	CTO, PONDI	GOVT DEPT	FORM-C	84068		84068	130818	
1	Ravi Shukla(PFO	govt DEPT -	FORM-C	2692565		2692565	10th August 2018	03/2011- 12/2013
2	PF DEPT	GOVT DEPT		6447399		6446949	11112019	1/14 to 12/
				12362323		11147109		