

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		282287	18-02-19	4/2016 to 160718	REVISED ON 051021	Rep was appointed and based on his report , claim is revised
2	CTO, PONDI	GOVT DEPT	FORM-C	84068		84068	130818			
		TOTAL								
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 12/17		
				12362323		9505869				