	CLAIMS RECEIVED AFTER COMMENCING LIQUIDATION OF ASSOCIATED CYLINDERS AND ACCESSORIES PVT.LTD							
SL.NO	**NAME OF THE CLAIMENT**	**TYPE OF CREDITOR**	**TYPE OF FORM**	**TOTAL AMOUNT CLAIMED IN Rs.**	**REMARKS**	**ACCEPTED AMOUNT(IN Rs.)**	**DATE OF RECEIVING**	**PERIOD**
1	G. SHANKER	IRP	F	194624		178726	110319	IRP FEES