Annexure-6

Summary of List of Operational Creditors (Employees) w.r.t. Form D / E

Sr. No.	Name of Autho rised Repre senta tive, if any	Name of workmen	Amount of Claim received		Amount of Claim admitted		Whether related party?	% Voting Share in CoC (wher e applic able)	Wheth er under period of twelve month s preced ing the liquida tion comm encem ent date	Amou nt of Claim under Verific ation (Rs.)	Amount of Continge nt Claim (Rs.)	Amount of any mutual credit, debts etc. -may be set off against the claim, if any (Rs.)	Details of any mutual credit, debts etc. -may be set off against the claim, if any	Amou nt of claim Inadmi ssible	Reason for Claim not admitted	Remarks, if any
			Date of Receipt	Amount Claimed	Date of admis sion/u pdatio n	Amount of claim admitted (Rs.)										
Total				-	-	-		-	-	-	-	-	-	-		