

Annexure-6

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

Sr. No.	Name of Authorised Representative, if any	Name of Employee	Amount of Claim received		Amount of Claim admitted		Whether related party?	% Voting Share in CoC (where applicable)	Whether under period of twelve months preceding the liquidation commencement date	Amount of Claim under Verification (Rs.)	Amount of Contingent 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	Amount of claim inadmissible	Reason for Claim not admitted	Remarks, if any	
			Date of Receipt	Amount Claimed	Date of admission/ updation	Amount of claim admitted (Rs.)											
Total			0	0	0		0	0	0	0	0	0	0	0			