

FORM C**PROOF OF CLAIM BY OPERATIONAL CREDITORS EXCEPT WORKMEN AND EMPLOYEES**
[Under Regulation 17 of the Insolvency and Bankruptcy Board of India (Liquidation Process) Regulations, 2016]

Date ..20.12.2021

To

Mr. S Shivashanker,
The Liquidator
A 102, Swaraj Illam,
Shreya Block, Ponni Delta, North Kallanai Road,
T.V.Koil Post, Tiruchirappalli, Tamilnadu - 620005
Email: shivshanker93@gmail.com

From

The Deputy Director,
Legal Branch,
ESI Corporation,
Regional Office,
No.143, Sterling Road,
Nungambakkam, Chennai 600034.
Phone No: 044-28306327 | Email: legal.tn@esic.nic.in

Subject: Submission of proof of claim in respect of the liquidation of M/s *INSPAN INFOTECH PRIVATE LIMITED* under the Insolvency and Bankruptcy Code, 2016.

Sir,


I, [SUJEENDRANATH N S], hereby submit this proof of claim in respect of the liquidation in the case of [M/s *INSPAN INFOTECH PRIVATE LIMITED*]. The details of the same are set out below:

PARTICULARS

1	Name of Operational Creditor : (If an incorporated body corporate, provide identification number and proof of incorporation. If a partnership or individual, provide identification record* of all partners or the individuals)	EMPLOYEES STATE INSURANCE CORPORATION , Regional Office, Chennai. A Statutory Body formed under the ESI Act, 1948, functioning under the Ministry of Labour and Employment, Govt. of India.
2	Address and email of the Operational Creditor for correspondence	ESI Corporation, Regional Office, Legal Branch, No.143, Sterling Road, Nungambakkam, Chennai 600034. Email: legal.tn@esic.nic.in
3	Total amount of Claim including any interest as at Liquidation commencement and details of nature of claim	Rs.2,757/-
4	Details of documents by reference to which debt can be substantiated	Refer the annexure below:
5	Details of any dispute as well as the record of pendency of suit or arbitration proceedings	Nil
6	Details of how and when debt incurred	By non-payment and delayed payment of contribution for the period mentioned below.



सुजीन्द्रनाथ एम्.एस. / SUJEENDRANATH N.S.
सामाजिक सुरक्षा अधिकारी / Social Security Officer
क.रा.बी.नि., शे.का., चेन्नै-34 / E.S.I.C., R.O., Chennai-34.

7	Details of any mutual credit, mutual debts, or other mutual dealings between the corporate debtor and the operational creditor which may be set-off against the claim	Nil
8	Details of any retention of title in respect of goods or properties to which the debt refers or any other security	Nil
8 A	Whether Security Interest Relinquished	No
9	Details of any assignment or transfer of debt in his favour	Nil
10	Details of the bank account to which the operational creditor's share of the proceeds of liquidation can be transferred	Bank Account No : 10497528348 Bank Name : State Bank of India Branch : Nungambakkam Address : No.10, Uthamar Gandhi Salai, Nungambakkam, Chennai – 34 IFSC of the Bank : SBIN0001176
11	List out and attach the documents relied on in support of the claim	Refer the annexure below:
Signature of other stakeholder or person authorized to act on his behalf (Please enclose the authority if this is being submitted on behalf of the other stakeholder)		
Name in BLOCK LETTERS		Shri. SUJEENDRANATH N S
Position with or in relation to the creditor		Social Security Officer Employees State Insurance Corporation
Address of the person signing		No.143, Sterling Road, Nungambakkam, Chennai-600034.

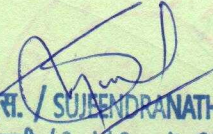
DETAILS OF THE CLAIMS and DUES:

ANNEXURE

Sl. No	Claim	Period	Contribution	Interest	Further Interest (upto 25.11.21)	Damages	Cost	Amount Paid	Total Dues (in Rs.)
1	C18(I) dated 05.09.18	03/16 to 06/18	---	1,398	---	---	---	---	1,398
2	D18 dated 05.09.18	03/16 to 06/18	---	---	---	1,359	---	---	1,359
Total			---	1,398	---	1,359	---	---	2,757



CB
20/12/2021
P. BABU, M.A.B.L.,
Panel Advocate - ESI Corporation
Government of India-Notary Public
No. 29, Laxmi Street, Shenoy Nagar,
Chennai-600 030 Cell: 93826 66515


सुजीन्द्रनाथ एन.एस. / SUJEENDRANATH N.S.
सामाजिक सुरक्षा अधिकारी / Social Security Officer
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