			N	Name of the co	porate debtor:		NNEXURE 4 mencement of li	quidation: L	ist of stakeh	olders as on :			
					•		nal creditors (En						
			Details of claim received		Details of claim admitted								
Sl. No.	Name of authorised representative, if any	Name of employee	Date of receipt	Amount claimed	Total Amount of claim admitted	Amount of claim for the period of twelve months preceeding the liquidation commencmen t date	Nature of claim	% share in total amount of claims admitted	Amount of contingent claim	Amount of any mutual dues, that may be set- off	Amount of claim rejected	Amount of claim under verification	Remarks, if any
1	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
	-			-		-		-	-	-	-	-	