## **SCHEDULE II**

## FORM C

EIDULIO 1000 26/075 ON DE CLAIM BY OPERATIONAL CREDITORS EXCEPT WORKMEN AND EMPLOYEES (Under Regulation 17 of the Insolvency and Bankruptcy Board of India (Liquidation Process) Regulations, 2016)

[Date:16/12/2021]

The Liquidator S SHIVSHANKER, (IBBI/IPA-001/IP-P02141/2020-2021/13294) A 102, SWARAJ ILLAM, SHREYA BLOCK, PONNI DELTA, NORTH KALLANAI ROAD, T.V. KOIL POST, TIRUCHIRAPPALLI,TAMILNADU-620005 e-mail-shivshanker93@gmail.com

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0/0 CHARGE OFFICER, COLLEGE STREET & SEALDAH CHARGE, DHARMOTALA CIRCLE, DIRECTORATE OF COMMERCIAL TAXES, 14 BELIAGHATA ROAD, KOLKATA: 700015

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

Madam/Sir,

2 1 DEC 2021

I, Imankalyan Sarbajna, Deputy Commissioner of Revenue, College Street Charge, hereby submits this proof of claim in respect of the liquidation of M/S <u>INSPAN INFOTECH</u> <u>PRIVATE LIMITED</u>. The details for the same are set out below:

|    | -                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. |                                                                                                                 | Commissioner of Commercial Taxes,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|    | INCORPORATED BODY PROVIDE                                                                                       | Govt. of West Bengal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|    | IDENTIFICATION NUMBER AND PROOF OF                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|    | INCORPORATION. IF A PARTNERSHIP OR                                                                              | and the second sec |
|    | INDIVIDUAL PROVIDE IDENTIFICATION                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|    | RECORDS* OF ALL THE PARTNERS OR THE                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|    | INDIVIDUAL)                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 1  |                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 2. | ADDRESS OF OPERATIONAL CREDITOR FOR                                                                             | 0/0 CHARGE OFFICER, COLLEGE STREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|    | CORRESPONDENCE                                                                                                  | & SEALDAH CHARGE, DHARMOTALA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    |                                                                                                                 | CIRCLE, DIRECTORATE OF COMMERCIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|    |                                                                                                                 | TAXES, 14 BELIAGHATA ROAD, KOLKATA:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|    |                                                                                                                 | 700015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|    |                                                                                                                 | EMAIL ID: jc-ct.ctd-wb@wbcomtax.gov.in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3. | TOTAL AMOUNT OF CLAIM                                                                                           | PRINCIPAL:Rs. 52,561.57                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|    | Contraction of the second s | INTEREST: <b>Rs. 86457.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    |                                                                                                                 | TOTAL:Rs. 139018.57/- (AS PER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | LIQUIDATION COMMENCEMENT DATE                                                                                   | ANNEXURE 'A')                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|    | AND DETAILS OF NATURE OF CLAIM)                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 4. |                                                                                                                 | ONE NO. OF SYSTEM GENERATED DEMAND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|    | TO WHICH THE DEBT CAN BE                                                                                        | NOTICE ALONG WITH CASE NUMBERS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|    | SUBSTANTIATED.                                                                                                  | 1) SA/2011-2012/01/55/C/71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|    |                                                                                                                 | l 1/1 Corbin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|    | 1131 652 181                                                                                                    | A KJA Dorbin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

IMANKALYAN SARBAJNA Deputy Commissioner, State Tax College Street Charge Govt. of West Bengal

|                             |                                                                                                                                                                                     | 15 16/04/10                                                                                                                               |
|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| 5.                          | DETAILS OF ANY DISPUTE AS WELL AS TH<br>RECORD OF PENDENCY OR ORDER OF SUI<br>OR ARBITRATION PROCEEDINGS                                                                            |                                                                                                                                           |
| 6.                          | DETAILS OF HOW AND WHEN DEB'<br>INCURRED                                                                                                                                            |                                                                                                                                           |
| 7.                          | DETAILS OF ANY MUTUAL CREDIT<br>MUTUAL DEBTS, OR OTHER MUTUAL<br>DEALINGS BETWEEN THE CORPORATI<br>DEBTOR AND THE OPERATIONAL<br>CREDITOR WHICH MAY BE SET-OFI<br>AGAINST THE CLAIM |                                                                                                                                           |
| 8.                          | DETAILS OF ANY RETENTION OF TITLE IN<br>RESPECT OF GOODS OR PROPERTIES TO<br>WHICH THE DEBT REFERS OR ANY<br>OTHER SECUIRITIES                                                      |                                                                                                                                           |
| 8A.                         | WHETHER SECUIRITY INTEREST<br>RELINQUISHED                                                                                                                                          | Y <del>es</del> /NO                                                                                                                       |
| 9.                          | DETAILS OF ANY ASSIGNMENT OR<br>TRANSFER OF DEBT IN HIS FAVOUR                                                                                                                      | NOT APPLICABLE                                                                                                                            |
| 10                          | DETAILS OF THE BANK ACCOUNT TO<br>WHICH THE OPERATIONAL<br>CREDITOR'S SHARE OF THE                                                                                                  |                                                                                                                                           |
| 11                          |                                                                                                                                                                                     | ONE NO. OF SYSTEM GENERATED DEMAND<br>NOTICE ALONG WITH CASE NUMBERS:<br>1) SA/2011-2012/01/55/C/71<br>2) ANNEXURE "A"<br>3) ANNEXURE "B" |
| act on h<br>[ <i>Please</i> | re of operational creditor or person authorised to<br>is behalf<br>enclose the authority if this is being submitted on<br>f an operational creditor]                                | 0                                                                                                                                         |
| Name in                     | BLOCK LETTERS                                                                                                                                                                       | IMANKALYAN SARBAJNA                                                                                                                       |
| Position                    |                                                                                                                                                                                     | DEPUTY COMMISSIONER, STATE TAX,<br>COLLEGE STREET CHARGE                                                                                  |
| Address                     | of person signing                                                                                                                                                                   | 14, BELIAGHATA ROAD, KOLKATA:<br>700015                                                                                                   |

\*PAN number, passport, AADHAAR Card or the identity card issued by the Election Commission of India

IMANKALYAN SARBAJNA Deputy Commissioner, State Tax College Street Charge Govt. of West Bengal

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# 2 1 DEC 2021

# AFFIDAVIT

l, Sri. Imankalyan Sarbaina, currently residing at Flat no: 202, 38 PHB Sarani, Bhadrakali, Uttarpara, Hooghly-712232, do solemnly affirm and state as follows:

I. The above named corporate person was, at the liquidation commencement date, that is, the 25<sup>th</sup> day of November 2021 and still is, justly and truly indebted to the Commissioner of Commercial Taxes, Government of West Bengal for a sum of Rs. 139018.57/- for outstanding dues under Central Sales Tax Act,1956.

2. In respect of my claim of the said sum or any part thereof, I have relied on the documents specified below:

1) ONE NO. OF SYSTEM GENERATED DEMAND NOTICE ALONG WITH CASE NUMBERS: SA/2011-2012/01/55/C/71 (CST RC NO-19551098259)

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3. The said documents are true, valid and genuine to the best of my knowledge, information and belief.

4.In respect of the said sum or any part thereof, I have not, nor have my partners or any of them, nor has any person, by my/our order, to my/our knowledge or belief, for my/our use, had or received any manner of satisfaction or security whatsoever, save and except the following: NOT applicable [*Please state details of any mutual credit, mutual debts, or other mutual dealings between the corporate debtor and the creditor which may be set – off against the claim*].

Solemnly, affirmed at <u>Kolkata</u> on <u>215+</u> day of <u>December</u> 2021 Before me, Notary/Oath Commissioner

IMANKALYAN SARBAJNA Deputy Commissioner, State Tax College Street Charge Govt. of West Bengal

### VERIFICATION

I, the Deponent hereinabove, do hereby verify and affirm that the contents of para 1 to 4 to of this affidavit are true and correct to my knowledge and belief. Nothing is false and nothing material has been concealed therefrom. Verified at <u>Kolkata</u> on this <u>215</u> day of December 2021.

Deponent's signature

IMANKALYAN SARBAJNA

Deputy Commissioner, State Tax College Street Charge Govt. of West Bengal

stree of the Charge Charge

Identified by me

(Raktim Chakroborty) Joint Commissioner, Commercial Taxes College Street & Sealdah Charge

# RAKTIM CHAKRABORTY

Joint Commissioner of State Tax College Street and Sealdah Charge West Bengal Revenue Service

2 1 DEC 2021

Samir Bhattacharya Notary Govt. of India Regd. No.- 940 / 97 CITY CIVIL COURT, CALCUTTA

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Solemnly Affirmed and Declared before me U/S 139 CPC / U/ S297 (C) CRPC

21.12.20M