

Subcategory	Creditor's name	Claimant (Secured/Unsecured)	Related party	Identification	Date of creation	Nature of liability	Value of security	Total claim	Total claim	Total (a+b)	Total Claim	Total Claim	Total (a+b)	Voting Share(%)
	Employee State Insurance Corporation	Unsecured	No			NIL		1561560	43704	1605264	1561560	43704	1605264	




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