Sl.	Name of authorised	Name of	Details of claim received		Details of claim admitted					Amount of any	Amoun	Amount of claim	Remarks, if any
No.	representati ve, if any	employee	Date of receipt	Amount claimed	admitted	Amount of claim for the period of twelve months preceding the liquidation commencement date	of claim	% share in total amount of claims admitted	continge	mutual dues, that may be set- off	of claim rejecte d	under verificatio n	
1	Duniameti	SOMABHAI	Form date: 11-12-2021 Email Received: 11-12-2021	343240	235000	235000	Employee Claim	0.05	0	0	108240	0	Retirement benefits admitted
2		DASANJ JAGDEEP	Form date: 11-12-2021 Email Received: 11-12-2021	567024	424153	424153	Employee Claim	0.10	0	0	142871	0	Retirement benefits admitted
	Total			910264	659153	659153		0.1534943	0	0	251111	0	0