	Annexure 6														
	Name o	of the Corporate debtor: M/s. Th	iexa Pharm	a Private Lim	ited; Date of con	nmencement	of CIRP: 28	.08.2018; L	ist of Creditors	s as on :29.09	9.2019				
				List o	of operational cro	editors (Emp	loyee)								
S No	Name of authorized representative if any	Name of workmen	Identifica tion No	Details of claims received		Details of claim admitte			ed	Amount of	Amoun	Amou	Amount of	Re	
				Date of Receipt	Amount Claimed	Amount of claim admitted	Nature of claim	Whether related party?	% of voting share in COC if applicable	Contingent	t of any	nt of	Claim Not	mar	
										Claim	mutual	claim	Admitted	ks if	
											dues,	under		any	
											that	verific			
											may be	ation			
											set off				
					NIL									+	
														+	
		Total			0	0						0	0	+	