ANNEXURE 3															
			ders as on :												
List of operational creditors (Workmen)															
S1. No.		Name of work man	Identific ation No.	Details of claim received		Details of claim admitted									
	Name of authorised representative , if any			Date of receipt	Amount claimed	Amount of claim admitted	Amount of claim for the period of twenty four months preceeding the liquidation commencment date	Nature of claim	Whether related party?	% share in total amount of claims admitted	Amount of contingent claim	Amount of any mutual dues, that may be set-off	Amount of claim under verification	Amount of claim rejected	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	Not applicable	Not applicable
2	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	Not applicable	Not applicable
	-			-	-			-		-	-	-	-	-	