Annexure - 5														
Name of Corporate debtor						Date of Commencement of Liquiidation				List of Stakeholders as on				
List of operational creditors (Government dues)														
														Amount in Rs
Details of Claimant			Details of Claim Received		Details of claim admitted					Amount of				
Department	Government	Identification No	Date of receipt	Amount claimed		Nature of claim	covered by lien or	lien / attachment	in total amount of claims	Amount of Contingent claim	any mutual dues, that may be setoff	Amount of Claim Rejected	Amount of claim under verification	Remarks, if any
Employees State Insurance Corporation			21.04.2023	3,01,572	3,01,572	Government Due	-	-	0.0172%	-	-	-	-	-
Commerical Tax Officer			12.04.2023	5,06,795	5,06,795	Government Due	-	-	0.0289%	-	-	-	-	=
Employees Provident Fund Organisation			17.04.2023	20,32,204	20,32,204	Government Due	-	-	0.0582%	-	-	-	-	-
GST			15.05.2023	7,03,02,388	9,79,69,521	Government Due	-	-	5.5815%	-	-	-	-	-
Income Tax			27.05.2022	98,87,83,399	98,31,08,946	Government Due	-	-	56.0091%	-	-	56,74,453	-	-
City Revenue Officer				63,61,138	41,76,107	Government Due	-	-	0.2379%	-	-	21,85,031	-	-
	Department Employees State Insurance Corporation Commerical Tax Officer Employees Provident Fund Organisation GST Income Tax	Details of Claimant Department Government Employees State Insurance Corporation Commerical Tax Officer Employees Provident Fund Organisation GST Income Tax	Details of Claimant Department Government Identification No Employees State Insurance Corporation Commerical Tax Officer Employees Provident Fund Organisation GST Income Tax	Details of Claimant Department Government Identification No Employees State Insurance Corporation Commerical Tax Officer Employees Provident Fund Organisation GST Isos.2023 Income Tax 27.05.2022	Details of Claimant Details of Claim Received	Department Government Identification No Date of receipt Amount claimed Amount of claim admitted	Details of Claimant Details of Claim Received	Department Government Identification No Details of Claim Received Details of Claim Received Details of Claim Received Department Government Identification No Date of receipt Amount claimed admitted Nature of claim admitted Nature of claim admitted Insurance Corporation Parameter Corporation Details of Claim Received Amount claimed Amount of claim admitted Nature of claim lien or attachment Parameter Corporation Parameter Corporation Parameter Corporation Parameter State Insurance Parameter P	Details of Claim admitted Details of Claim Received Amount of claim admitted Amount of claim admitted Nature of claim removed by lien or attachment removed? Details of Claim Amount of claim admitted Nature of claim removed by lien or attachment removed? Details of Claim Amount of claim admitted Nature of claim network of the covered by lien or attachment removed? Details of Claim Amount of claim admitted Nature of claim network of the covered by lien or attachment removed? Details of Claim Amount of claim admitted Nature of claim network of the covered by lien or attachment removed? Details of Claim admitted Nature of claim network of the covered by lien or attachment removed? Details of Claim admitted Nature of claim network of the covered by lien or attachment removed? Details of Claim admitted Nature of claim network of the covered by lien or attachment removed? Details of Claim admitted Nature of claim admitted Nature of claim admitted Details of Claim admitted Nature of cla	Details of Claimant Details of Claimant Department Details of Claim Received Date of receipt Amount claimed admitted Amount of claim admitted Amount of claim admitted Date of receipt Date of claim admitted Date of receipt Date of receipt Date of receipt Date of claim admitted Date of receipt Date of claim admitted Date of receipt Date of claim admitted Date of receipt Date of recipt Date of receipt Date of receipt Date of receipt Date of	Details of Claimant Details of Claim Received Date of Received Details of Claim Received Details of Claim Marker Details of Claim admitted Nature of claim Nat	Details of Claimant Details of Claimant Date of Commencement Details of Claim Received Received Details of Claim Received Rece	Department Dep	Details of Claimant Department Departm