	Annexure - 4														
Name of Corporate debtor							Date of Commencement of Liquidation					List of Stakeholders as on			
						List of (Operational Credito	ors (Employees)						-	
		Amount in Rs													
				Details of Claim Received		Details of Claim Admitted									
SI.No	Name of Authorised Representative , if any						Amount of		% share		Amount of				
					l	Total Amount	claim for the		in total		any mutual	Amount			
	Representative , ii any	Name of the			Amount		period of		amount	Amount of	dues, that	of claim	Amount of claim	Remarks, if	
		Employee	Identification No	Date of receipt	claimed	admitted	twelve months	Nature of claim	of claims	Contingent Claim	may be setoff	rejected	under verification	any	
1		K Saravanan		13.04.2023	8,05,000	-	-	Employee	NIL	-	-	8,05,000	-	-	
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