SL No.	Name of authorised representative, if any	Name of employee	Details of claim received		List of Employees Details of claim admitted						T	T	
			Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	Whether related party?	% of voting share in CoC, if applicable	Amount of contingent claim	Amount of any mutual dues, that may be set- off	Amount of claim under verification	Amount of claim not admitted	Remarks, i
		Total									٠		
	I				l .			I		ļ			ļ.