				<u>List</u>	of operation		Annexure- rs (Workme		oyee)
Sl. No.	authorise d	man and Enployee	Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	s of claim a Whether related party?		ngent claim
1		Shrushti Atulkuma r Vyas	31.05.202 3		92367	Salary due	No	NIL	NIL

nes, under dmitted read tion re-off