		Category	Details of claim received		Details of claim admitted					Amount			
S. No	Name of Stake . Holder		Date of receipt	Claim Submitted	Claim Admitted	Nature of claim	Whether related party?		Amount of contingent claim	-	not	Amount of claim under verification	Remarks, if any
1	Circle-9 Indore	Government Department	02/11/2023	76130242	28736319	Unsecured	No	0	0	0	0		Proof/evidence in support of the claim etc, is called for.
2	TDS- Indore	Government Department	02/11/2023	797900	0	Unsecured	No	0	0	0	0		Proof/evidence in support of the claim etc, is called for.