

Filing under clause (d) of sub-regulation (5) of regulation 31 of the IBBI (Liquidation Process) Regulations, 2016

Name of the corporate debtor: Krishna Premium Care Services LLP; Date of commencement of liquidation: 06/09/2023;

List of stakeholders as on: 06/09/2023

(Amount in ₹)

Sl. No.	Category of stakeholders	Summary of claims received		Summary of claims admitted		Amount of contingent claims	Amount of claims rejected	Amount of claims under verification	Details in Annexure	Remark, if any
		No. of claims	Amount	No. of claims	Amount					
1	Unpaid insolvency resolution process costs								NA	
2	Liquidation costs incurred till date								NA	
3	Secured financial creditors								1	
4	Unsecured financial creditors								2	
5	Operational creditors (Workmen)								3	
6	Operational creditors (Employees)								4	
7	Operational creditors (Government Dues)								5	
8	Operational creditors (other than Workmen, Employees and Government Dues)	1	1,90,50,250	1	1,90,50,250	0	0	0	6	As per Annexure-6
9	Other stakeholders, if any (other than financial creditors and operational creditors)								7	
Total		1	1,90,50,250	1	1,90,50,250					



Annexure-1

Name of the corporate debtor: Krishna Premium Care Services LLP; Date of commencement of liquidation: 06/09/2023;

List of stakeholders as on: 06/09/2023

List of secured financial creditors

(Amount in ₹)

Sl. No.	Name of creditor	Details of claim received		Details of claim admitted						Amount of contingent claim	Amount of any mutual dues, that may be set off	Amount of claim rejected	Amount of claim under verification	Remarks, if any	
		Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	Amount covered by security interest	Whether security interest relinquished? (Yes/No)	Details of Security Interest	Amount covered by guarantee						% share in total amount of claims admitted
								NIL							

Annexure-2

Name of the corporate debtor: Krishna Premium Care Services LLP; Date of commencement of liquidation: 06/09/2023;

List of stakeholders as on: 06/09/2023

List of unsecured financial creditors

(Amount in ₹)

Sl. No.	Name of creditor	Details of claim received		Details of claim admitted				Amount of contingent claim	Amount of any mutual dues, that may be set off	Amount of claim rejected	Amount of claim under verification	Remarks, if any
		Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	Amount covered by guarantee	% share in total amount of claims admitted					
								NIL				



Annexure-3

Name of the corporate debtor: Krishna Premium Care Servicess LLP; Date of commencement of liquidation: 06/09/2023;
List of stakeholders as on: 06/09/2023

List of operational creditors (Workmen)

(Amount in ₹)

Sl. No.	Name of authorised representative, if any	Name of workman	Details of claim received		Details of claim admitted				Amount of contingent claim	Amount of any mutual dues, that may be set off	Amount of claim rejected	Amount of claim under verification	Remarks, if any
			Date of receipt	Amount claimed	Total amount of claim admitted	Amount of claim for the period of twenty-four months preceding the liquidation commencement date	Nature of claim	% share in total amount of claims admitted					
						NIL							



Annexure-4

Name of the corporate debtor: Krishna Premium Care Servicess LLP; Date of commencement of liquidation: 06/09/2023;

List of stakeholders as on: 06/09/2023

List of operational creditors (Employees)

(Amount in ₹)

Sl. No.	Name of authorised representative, if any	Name of employee	Details of claim received		Details of claim admitted				Amount of contingent claim	Amount of any mutual dues, that may be set off	Amount of claim rejected	Amount of claim under verification	Remarks, if any
			Date of receipt	Amount claimed	Total amount of claim admitted	Amount of claim for the period of twelve months preceding the liquidation commencement date	Nature of claim	% share in total amount of claims admitted					
						NIL							

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Annexure-5

Name of the corporate debtor: Krishna Premium Care Servicess LLP; Date of commencement of liquidation: 06/09/2023;
List of stakeholders as on: 06/09/2023

List of operational creditors (Government Dues)

(Amount in ₹)

Sl. No.	Details of Claimant		Details of claim received		Details of claim admitted					Amount of contingent claim	Amount of any mutual dues, that may be set off	Amount of claim rejected	Amount of claim under verification	Remarks, if any	
	Department	Government	Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	Amount covered by lien or attachment pending disposal	Whether lien / attachment removed? (Yes/No)	% share in total amount of claims admitted						
							NIL								

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Annexure-6

Name of the corporate debtor: Krishna Premium Care Services LLP; Date of commencement of liquidation: 06/09/2023;
List of stakeholders as on: 06/09/2023

List of operational creditors (other than Workmen, Employees and Government Dues)

(Amount in ₹)

Sl. No.	Name of creditor	Details of claim received		Details of claim admitted						Amount of contingent claim	Amount of any mutual dues, that may be set off	Amount of claim rejected	Amount of claim under verification	Remarks, if any
		Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	Amount covered by lien or attachment pending disposal	Whether lien / attachment removed? (Yes/No)	Amount covered by guarantee	% share in total amount of claims admitted					
1	PMC YM-Pharma Private Limited	05/10/2023	1,90,50,250	1,90,50,250	Operation Creditor (Other than Workmen, Employees and Government Dues)	Nil	Not Applicable	No	100%	0	0	0	0	Admitted based on the verification of other documents

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Annexure-7

Name of the corporate debtor: Krishna Premium Care Services LLP; Date of commencement of liquidation: 06/09/2023;

List of stakeholders as on: 06/09/2023

List of other stakeholders, if any (other than financial creditors and operational creditors)

(Amount in ₹)

Sl. No	Name of stakeholder	Category of stakeholders (preference shareholders / equity shareholders / partners / others)	Details of claim received		Details of claim admitted						Amount of contingent claim	Amount of any mutual dues, that may be set off	Amount of claim rejected	Amount of claim under verification	Remarks, if any	
			Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	Amount covered by lien or attachment pending disposal	Whether lien / attachment removed? (Yes/No)	Amount covered by guarantee	% share in total amount of claims admitted						
								NIL								

