				- 100		f operationa		intographic Governmen				
S. No.	Details of claimant		Details of Claim Received		Details of Claim Admitted					Amount of claim not admitted	Remarks if any	
	Departme nt	Govern ment		Date of Receipt	Amount Claimed	Amount of Claim Admitted	Claim	Whether related party?	% of voting share in CoC	be set-off		