	Sl. Name of No. authorised representative, if any		Name of the corpora
		Name of workman	te debtor:
1	Pate of receipt	Detail	Į.
	Date of Amount Total receipt claimed amou of cla admit	Details of claim received	Chok
	Total Amoun amount for the of claim twenty-admitted months precedi liquidate commen		debtor:
	Amount of claim Nature % share in for the period of of total twenty-four claim amount of months preceding the liquidation commencement date	Details of claim admitted	commencen of operationa
			Annexure-3 29 08 W.; L. ient of liquidation:; L. i.; L
	Caim	Amount of	- Line
	mutual rejected dues, that may be set off	Amount of Amount Amount contingent of any of claim	List of stakeholders as on:
			olders as o
	verification	Amount of Remarks,	05, 12, 223
	n any	Remarks,	2, 702