					Annexu	re-6							
		rate Deb icement		Techno Sat November (ıdia Priv	ate Limi	ited					
List of (Creditor	s as on:		November (01,2023								
			List	of Operatio	nal Cred	litor (En	ployees)				(A	D -)
	Name of Authoris ed Represe ntative (if Any)	Name of Employ ee	Details of claim received		Details of Claim Admiteed				Amount of		(Amount ir	1 KS.)	
SI. no.			Date of Receipt of Claim	Amount claimed	Amount Admitte d			Share	of Contige nt Claim	Mutual dues	under	Amount of claim	Remark sif Any
	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA