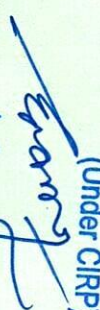


Annexure-6

Name of the Corporate Debtor: FOUR CARE HOSPITAL PRIVATE LIMITED; Date of Commencement of CIRP: 22.01.2024; List of Creditors as on: 08.02.2024 (Version 1)

SI No.	Name of Authorised representative, if any	Name of Employee	Date of Claim received			Details of Claims Admitted					Amount of contingent claim	Amount of any mutual dues, that may be set off	Amount of Claim under Verification	Amount of claim not admitted	Remarks, if any	
			Date of receipt	Amount Claimed	Amount of claim admitted	Nature of claim	Whether related party?	% of voting share in CoC								
NIL		NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
NIL		NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Four Care Hospital Private Limited
(Under CIRP)


Authorised Signatory
IRP/RP