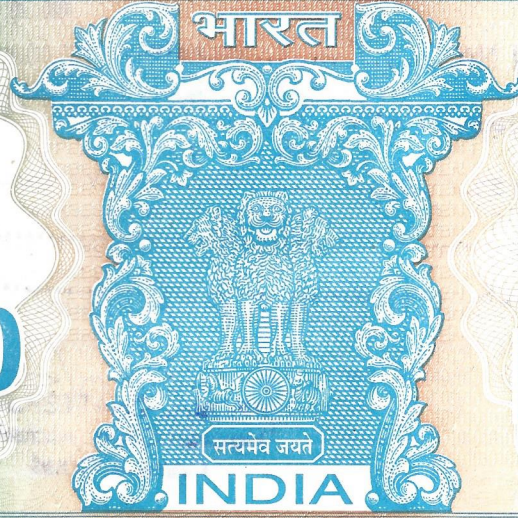


भारतीय गैर न्यायिक

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INDIA NON JUDICIAL

पश्चिम बंगाल WEST BENGAL

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SCHEDULE II  
FORM C

PROOF OF CLAIM BY OPERATIONAL CREDITORS EXCEPT WORKMEN AND EMPLOYEES  
(Under Regulation 17 of the Insolvency and Bankruptcy Board of India (Liquidation Process)  
Regulations, 2016)

To  
Sri Anil Kumar Dubey,  
The Liquidator,

Dated: 13.12.2023

From  
EMPLOYEES' STATE INSURANCE CORPORATION  
REGIONAL OFFICE,

**Subject:** Submission of proof of claim in respect of M/s. HINDUSTAN CONTROLS AND  
EQUIPMENT PVT. LTD.. CP(IB)1256/KB/2019-reg

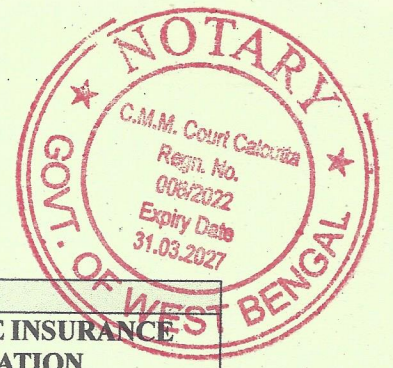
Madam/Sir,

EMPLOYEES' STATE INSURANCE CORPORATION, hereby submits this  
proof of claim in respect of the Liquidation process in the case of M/s HINDUSTAN  
CONTROLS AND EQUIPMENT PVT. LTD.

**N. DASGUPTA**  
Notary  
Regn. No. 006/2022  
3, Bankshal Street  
Calcutta-700001

1 3 DEC 2023

**राजीव दास / RAJIB DAS**  
सहायक निदेशक (एन.सी.एल.टी.)  
Assistant Director (N.C.L.T.)  
कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation  
श्रम एवं रोजगार मंत्रालय  
Ministry of Labour & Employment  
भारत सरकार / Govt. of India  
5/1, ग्रांट लेन, कोलकाता - 700012  
5/1, Grant Lane, Kolkata - 700012



The details for the same are set out below:

Relevant Particulars	
1. NAME OF OPERATIONAL CREDITOR (IF AN INCORPORATED BODY PROVIDE IDENTIFICATION NUMBER AND PROOF OF INCORPORATION. IF A PARTNERSHIP OR INDIVIDUAL PROVIDE IDENTIFICATION RECORDS* OF ALL THE PARTNERS OR THE INDIVIDUAL)	EMPLOYEES' STATE INSURANCE CORPORATION
2. ADDRESS AND EMAIL ADDRESS OF OPERATIONAL CREDITOR FOR CORRESPONDENCE	EMPLOYEES' STATE INSURANCE CORPORATION, [REDACTED]
3. TOTAL AMOUNT OF CLAIM, INCLUDING ANY INTEREST, AS AT LIQUIDATION COMMENCEMENT DATE AND DETAILS OF NATURE OF CLAIM	TOTAL: Rs.2728653.00 ( CONTRIBUTION: Rs.2716560.00, INTEREST: Rs.6658.00, DAMAGES:Rs.5435.00) FURTHER INTEREST & DAMAGES ARE PAYABLE ON PAYMENT OF CONTRIBUTION .
4. DETAILS OF DOCUMENTS BY REFERENCE TO WHICH THE DEBT CAN BE SUBSTANTIATED.	C-18(ADHOC), C-18(INTEREST), D-18.
5. DETAILS OF ANY DISPUTE AS WELL AS THE RECORD OF PENDENCY OR ORDER OF SUIT OR ARBITRATION PROCEEDINGS	NIL
6. DETAILS OF HOW AND WHEN DEBT INCURRED	DUE TO NON COMPLIANCE/DELAYED COMPLIANCE ON PAYMENT OF CONTRIBUTION AS PER PROVISIONS OF ESI ACT 1948(AS AMENDED) INCLUDING INTEREST AND DAMAGES PAYABLE AS ON DATE.
7. DETAILS OF ANY MUTUAL CREDIT, MUTUAL DEBTS, OR OTHER MUTUAL DEALINGS BETWEEN THE CORPORATE DEBTOR AND THE CREDITOR WHICH MAY BE SET-OFF AGAINST THE CLAIM	NOT APPLICABLE
8. DETAILS OF ANY RETENTION OF TITLE ARRANGEMENTS IN RESPECT OF GOODS OR PROPERTIES TO WHICH THE CLAIM REFERS	NOT APPLICABLE
8A. WHETHER SECURITY INTEREST RELINQUISHED	NOT APPLICABLE
9. DETAILS OF ANY ASSIGNMENT OR TRANSFER OF DEBT IN HIS FAVOUR	NOT APPLICABLE
10. DETAILS OF THE BANK ACCOUNT TO WHICH THE AMOUNT OF THE CLAIM OR ANY PART THEREOF CAN BE TRANSFERRED PURSUANT TO A RESOLUTION PLAN	ESIC FUND, STATE BANK OF INDIA BRANCH: [REDACTED] ACCOUNT: [REDACTED] IFSC : [REDACTED] MICR CC [REDACTED]
11. LIST OUT AND ATTACH THE DOCUMENTS RELIED ON IN SUPPORT OF THE CLAIM	C-18(ADHOC), C-18(INTEREST), D-18.


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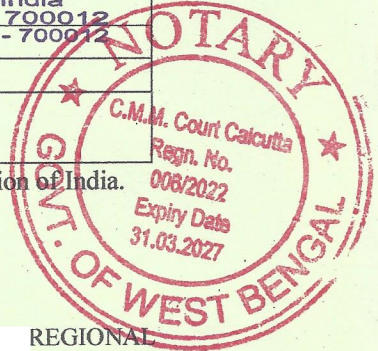
*13/12/23*  
**राजीव दास/RAJIB DAS**  
सहायक निदेशक (एन.सी.एल.टी)  
Assistant Director (N.C.L.T.)  
कर्मचारी राज्य बीमा निगम  
Employees' State Insurance Corporation  
श्रम एवं रोजगार मंत्रालय  
Ministry of Labour & Employment  
भारत सरकार/Govt. of India  
5/1, ग्रांट लेन, कोलकाता - 700012  
5/1, Grant Lane, Kolkata - 700012

**N. DASGUPTA**  
Notary  
Regn. No. 006/2022  
3. Bankshal Street  
Calcutta-700001

**13 DEC 2023**

Relevant Particulars	
(Signature of Operational creditor or person authorised to act on his behalf)	
 <b>राजीब दास/RAJIB DAS</b> सहायक निदेशक (एन.सी.एल.टी) Assistant Director (N.C.L.T.) कर्मचारी राज्य बीमा निगम Employees' State Insurance Corporation श्रम एवं रोजगार मंत्रालय Ministry of Labour & Employment भारत सरकार/Govt. of India 5/1, ग्रांट लेन, कोलकाता - 700012 5/1, Grant Lane, Kolkata - 700012	
[Please enclose the authority if this is being submitted on behalf of the operational creditor]	
Name in BLOCK LETTERS:	<b>SRI. RAJIB DAS</b>
Position with or in relation to creditor:	<b>ASSISTANT DIRECTOR</b>
Address of person signing:	REGIONAL OFFICE, EMPLOYEES' STATE INSURANCE CORPORATION

\*PAN number, passport, AADHAAR Card or the identity card issued by the Election Commission of India.

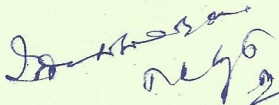


### AFFIDAVIT

I, \_\_\_\_\_ currently posted at \_\_\_\_\_ REGIONAL OFFICE, \_\_\_\_\_ do solemnly affirm and state as follows:

- The above named corporate debtor was, at liquidation commencement date, that is, the 21<sup>th</sup> day of November, 2023 and still is, justly and truly indebted to ESI Corporation the sum of Rs.2728653.00 (CONTRIBUTION: RS.2716560.00, INTEREST: RS.6658.00, DAMAGES:RS.5435.00) FURTHER INTEREST & DAMAGES ARE PAYABLE ON PAYMENT OF CONTRIBUTION.
- In respect of my claim of the said sum or any part thereof, I have relied on and the documents specified below: **C-18(ADHOC), C-18(INTEREST), D-18.**
- The said documents are true, valid and genuine to the best of my knowledge, information and belief.
- In respect of the said sum or any part thereof, I have not, nor my office had or received any manner of satisfaction or security whatsoever.

Solemnly, affirmed at KOLKATA on Wednesday, the 13<sup>th</sup> day of December, 2023.

  
13/12/23

(NOTARY)


Deponent's signature  
  
**राजीब दास/RAJIB DAS**  
 सहायक निदेशक (एन.सी.एल.टी)  
 Assistant Director (N.C.L.T.)  
 कर्मचारी राज्य बीमा निगम  
 Employees' State Insurance Corporation  
 श्रम एवं रोजगार मंत्रालय  
 Ministry of Labour & Employment  
 भारत सरकार/Govt. of India  
 5/1, ग्रांट लेन, कोलकाता - 700012  
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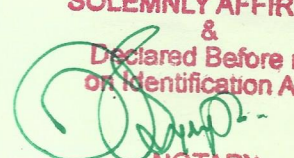
### VERIFICATION

I, the Deponent hereinabove, do hereby verify and affirm that the contents of para 1 to 4 of this declaration are true and correct to my knowledge and belief. Nothing is false and nothing material has been concealed there from. Verified at KOLKATA on this 13<sup>th</sup> day of December, 2023.

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Deponent's signature  
  
**राजीब दास/RAJIB DAS**  
 सहायक निदेशक (एन.सी.एल.टी)  
 Assistant Director (N.C.L.T.)  
 कर्मचारी राज्य बीमा निगम  
 Employees' State Insurance Corporation  
 श्रम एवं रोजगार मंत्रालय  
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 5/1, ग्रांट लेन, कोलकाता - 700012  
 5/1, Grant Lane, Kolkata - 700012

  
**N. DASGUPTA**  
 Notary  
 Regn. No. 006/2022  
 3. Bankshal Street  
 Calcutta-700001

**SOLEMNLY AFFIRMED**  
 &  
 Declared Before me  
 on Identification Adv.  
  
 NOTARY  
**N. DAS GUPTA**  
 C.M.M. Court  
 Govt W.B.

13 DEC 2023