ľ			T	S			T	
				SI No.				
	Total	NIL	NIL	Name of Creditor				
	0	NIL	NIL	Date of receipt	Date of Cla	-	Name of t	
	0	NIL	NIL	Amount Claimed	Date of Claim received		Name of the Corporate Debtor: FOUR CARE HOSPITAL PRIVATE LIMITED; Date of Commencement of CIRP: 22.01.2024; List of Creditors as on: 24.04.2024 (Version 2)	Annexure-4
		NIL	NIL	Amount of claim Nature of Amount covered admitted claim by guarantee	LIST OT Uns	List of Uns		
	0	NIL	NIL	Nature of claim	List of Unsecured Financial Creditors (other than financial creditors belonging to any class of creditors)  Details of Claims Admitted  Amount of Amount of	ecured Final		
	0	NIL	NIL	Amount covered by guarantee		ncial Creditors (oth		
	0	NIL	NIL	Whether % of voting related party? share in CoC		er than financia		
	0	NIL	NIL	% of voting share in CoC		creditors belong		
	0	NIL.	NIL	contingent	ging to any class		: 22.01.2024; Li	
	0	NIL	NIL	mutual dues, that may be set off	Amount of any	s of creditors)	ist of Creditors as on: 24.04.2024 ( Version 2)	
	0	NIL	NIL.	claim not admitted	Amount of			
	0	N.	NIL.	under Verification	Amount of   Amount of Claim			
		NIL	NIL	Remarks, ii any				

For Four Care Hospital Private Limited (Under CIRP)

Authorised Signatory IRP/RP