			SI No.				
Total	NIL	NIL	Name of Creditor			Name of the Corp	
C	NIL	NIL	Identification No.				
0	NIL	NIL	Date of receipt	Date o		porate De	
	NIL	NIL	Amount Claimed	Date of Claim	Lis of Other	btor: FOUR CARE HOSPI	
0	NIL	NIL	Amount of claim admitted				
0	NIL	NIL	Nature of claim		r Creditors,	TAL PRIVAT	ā
0	NIL	NIL	Amount Nature of covered by claim security interest	Details of Claims Admitted	Lis of Other Creditors, if any (Other than financial Cr	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-9
0	NIL.	NIL	Amount covered by guarantee				
	NIL	NIL	Whether related party?		reditors and	ement of C	
0	NE.	NIL	% of voting share in CoC		operation	IRP: 22.01.2	
0	NIL.	NIL	Amount of contingent claim		nancial Creditors and operational creditors)	2024; List of Cı	
0	NIL	NIL	Amount of any mutual dues, that may be set off			reditors as on: 24	
0	NIL	NIL.	Amount of claim not admitted			1.04.2024 (Vei	
0	NIL	NIL	Amount of Claim under Verification			rsion 2)	
0	NIL	NIL	Remarks, if any				

For Four Care Hospital Private Limited
(Under CIRP)

Authorised Signatory
IRP/RP