			<u>S</u>	
			SI No.	
Total	NIL	NIL	Name of Creditor	Vame of t
0	NIL	NIL	Date of Clar Date of receipt	he Corpora
0	NIL	NIL	Date of Claim received  Date of Amount receipt Claimed	te Debtor: FO
0	NIL	NIL	Amount of claim admitted	UR CARE HOS
0	NIL	NIL	Details  Nature of claim	PITAL PRIVA
0	NIL	NIL	Details of Claims Admitted  Ire of covered by rela  im guarantee par	DSPITAL PRIVATE LIMITED; Date of Commencement of CIRP: 22.01.2024; List of Unsecured Financial Creditors belonging to any class of Creditors
0	NIL	NIL	whether related party?	Pate of Comme Creditors below
0	NIL	NIL	% of voting share in CoC	mencement o
0	NIL	NE.	Amount of contingent claim	f CIRP: 22.01.: y class of Crec
0	NIL	NE	Amount of any mutual dues, that may be set off	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)  List of Unsecured Financial Creditors belonging to any class of Creditors
0	N.	N.	Amount of claim not admitted	ors as on: 24.0
0	NIL	NIL	Amount of Claim under Verification	14.2024 ( Versic
0	NE.	NIL	Remarks, if any	on 2)

For Four Care Hospital Private Limited (Under CIRP)

Authorised Signatory IRP/RP