		- 1					_
	. 5 1		SI No.				
Total	NIL	NIL	Name of Authorised Name of representative, if Employee any			Name of the Corporate	
0	NIL	NIL					
0	NIL	NIL	Date of receipt	Date of C		e Debtor: F	
0	NIL	NIL	Amount Claimed	Date of Claim received		OUR CARE HO	
0	NIL	NIL	Amount of claim admitted	Details of Claims Admitted	List of Operational Creditors (Employees)	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-6
0	NIL	NIL	Nature of claim				
0	NIL	NIL	Whether % of voting related party? share in CoC				
0	NIL	NIL	% of voting share in CoC				
0	NIL	NIL	Amount of contingent claim			1.2024; List of Creditors as on: i	
0	NIL	NIL	Amount of any mutual dues, that may be set off				
0	NIL.	NIL	Amount of Claim under Verification			24.04.2024 (Vers	
0	NIL	NIL	claim not admitted	Amount of	0 7	rsion 2)	
0	NIL	NIL	Remarks, if any				

For Four Care Hospital Private Limited (Under CIRP)

Authorised Signatory IRP/RP