						Ann	Annexure-5						
	Name of the	Corporate De	btor: FOUR C	ARE HOSPITA	Name of the Corporate Debtor: FOUR CARE HOSPITAL PRIVATE LIMITED; Date of	TED; Date of		of CIRP: 22.01	.2024; List of	Commencement of CIRP: 22.01.2024; List of Creditors as on: 24.04.2024 (Version 2)	24.04.2024 (Vi	ersion 2)	
		31			List of	List of Operational	Creditors (Workmen)	men)					
	Name of		Date of Cla	Date of Claim received		Details of Cl	Details of Claims Admitted	· •	Amount of	Amount of any	Amount of Amount of		
SI No.	representative, if any	Workman	Date of receipt	Amount Claimed	Amount of Natural Claim admitted claim	Nature of claim	Whether % of voting related party? share in CoC	% of voting share in CoC	contingent claim	that may be set off	Claim under Verification	claim not admitted	if any
	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
	TOTAL												

For Four Care Hospital Private Limited
(Under CIRP)

Cenary

Authorised Signatory
IRP/RP