Г		_	_					
					SI No.			
	Total	NIL	NIL	Name of Creditor				
STREET, STREET	0	NIL	NIL	Date of receipt	Date			
THE RESIDENCE AND ADDRESS OF THE PERSONS ASSESSED.	0	NIL	NIL	Amount Claimed	Date of Claim		Name of the	
	0	NIL	NIL	Amount of claim admitted	List of Operational Creditors (Other than		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)	
	0	NIL	NIL	Nature of claim		List of Operational Creditors (Other than		
	0	NIL	NIL	Amount of claim Nature of Amount covered by admitted claim security interest				
	0	NIL	NIL	Amount covered by guarantee	ns Admitted	s (Other than Wo	IMITED; Date of	Aiiii
	0	NIL	NIL	Whether related party?		rkmen and En	Commenceme	AIIIIEAUI E-O
	0	NIL	NIL	% of voting share in CoC	8	Workmen and Employees and Government Dues)	nt of CIRP: 22.01.2024; List of Cr	
The second secon	0	NE	N.F.	contingent claim	Amount of	ernment Dues		
CONTRACT TO STATE OF THE PERSON SERVICES AND ASSESSMENT ASSESSMENT OF THE PERSON SERVICES AND ASSESSMENT ASSESSMENT ASSESSMENT ASSESSMENT ASSESSME	0	NIL	NIL	mutual dues, that may be set off	Amount of any		editors as on: 24.04.20	
	0	NIL	NIL.	claim not admitted	Amount of		024 ( Version 2)	
	0	NIL	NIL	Claim under Verification	Amount of			
	0	NIL	NIL	any	Remarks, if			

For Four Care Hospital Private Limited (Under CIRP)

(Under CIRP)
lorised Signatory