Name of the Corporate Debtor:M/s Amar Remedies Limited; Date of Commencement of Liquidation: 11.03.2024; List of Creditors as on: 22.11.2024

Summary of List of Operational Creditors (Employees) w.r.t. Form D / E $\,$

Sr	. No.	Name of Autho rised	Name of Emplo yee	Amount of Claim		Amount of Claim		Wheth	%	Wheth er under period	Amou	Amount of	Amount of any	Details of any	Amou nt	Reason for	Remarks, if any
		Repre senta tive, if any		received		admitted		er relate	Voting	of twelve month s	nt of	Continge	mutual credit,	mutual credit,	of claim	Claim not	ı
							d party?	Share in	preced ing the liquida	Claim	nt Claim	debts etcmay	debts etcmay	Inadmi	admitted	1	
									CoC (wher e	tion comm encem ent	under	(Rs.)	be set off against	be set off	ssible		1
				Date of	Amount Clai	Date of	Amount of		applic able)	date	Verific	, ,	the claim, if any	against the			1
				Receipt	med	admis	claim		**		ation			claim, if any			1
				_		sion/u	admitted				(Rs.)		` ,	'			1
						pdatio n	(Rs.)				` ′						1
						-											1
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1																	1
2																	
<u> </u>																	
Total -					0	0		0	0	0	0	0	0	0			