Annexure-6

Name of the corporate debtor: M/s Path2Way HR Solutions Private Limited; Date of Commencement of CIRP: 06.06.2025; List of creditors as on: 24.06.2025

List of operational creditors (Employees)

(Amount in Rs.)

Name of authorised	Name of	Details of claim received		Details of claim admitted								
representative, if any		Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	Whether related party?	share in Co	C, contingent claim	any Mutual dues, that may be set-	claim under	claim not	Remarks, if any
												\vdash
				NIL								\vdash
								+				
				1 .			-					
	representative,if	representative,if employee	Name of authorised representative,if any Name of employee Date of	Name of authorised representative,if any Date of Page 1	Name of authorised representative,if any Name of employee Date of Amount claimed Amount of claim	Name of authorised representative, if any Name of employee Date of receipt Amount claimed Amount of claim admitted Nature of claim	Name of authorised representative, if any Name of employee Date of receipt Amount claimed Amount of claim admitted Nature of claim admitted Nature of claim party?	Name of authorised representative, if any Date of receipt Name of employee Date of receipt Amount claimed Amount of claim admitted Nature of claim whether related party? Whether related party?	Name of authorised representative, if any Name of employee Date of receipt Amount claimed Amount of claim admitted Nature of claim admitted Nature of claim Party? Amount of claim admitted Nature of claim Party? Amount of contingent claim share in COC, if appicable	Name of authorised representative, if any Date of receipt Amount claimed Amount of claim admitted Nature of claim Share in Coc, party? Amount of contingent claim admitted Amount of contingent claim any be set-off	Name of authorised representative, if any Date of receipt Amount claimed Amount of claim admitted Nature of claim Party? Amount of contingent claim Amount of contingent claim Amount of any Mutual dues, that may be set-off	Name of authorised representative, if any Date of receipt Name of employee Date of receipt Name of employee Date of receipt Amount claimed Amount of claim admitted Nature of claim Ramount of claim admitted Nature of claim Amount of contingent claim admitted Amount of claim naturated Amount of claim n

