Annexure – 6													
S.No.	Name of authorised representative, if any	Name of employee	Details of claim		Details of claim admitted				Amount of contingent claim	Amount of any mutual dues, that may be	Amount of claim under verification	Amount of claim not admitted	Remarks, if any
			Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	Whether related party?	% of voting share in CoC, if applicable					
_	_	_	_	_	_	_	_	_	_	_	_	_	_