

Sl. No.	Name of creditor	Details of claim received		Details of claim admitted					Amount of contingen t claim	Amount of any mutual dues, that may be set-off	Amount of claim not admitted	Amount of claim under verificati on	Remarks, if any
		Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	Amount covered by security interest	Amount covered by guarantee	Whether related party?					
1	Employee Provident Fund Organization	23.07.2025	60,126	60,126	Unsecured	No	-	No	N/A	-		-	
	Total		60,126	60,126			-						