mencement of CIRP:												
mencement of cike.	11-Feb-22											
tors as on:	5-Mar-22											
List of Operational Creditors (Employees)												
(Amount in ₹)												
		Details of claim received		Details of claim admitted								
Name of Authorised Representative, if any	Name of Employee	Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	Whether related party?	% of voting share in CoC	Amount of contingent claim	Amount of any mutual dues, that may be set-off	Amount of claim under verification	Amount of claim not admitted	Remarks, if any
	Total		-	-	-	-	-	-	-	-	-	
	ors as on: Name of Authorised	S-Mar-22 Name of Authorised Representative, if any Name of Employee	S-Mar-22 Name of Authorised Representative, if any Details of C Date of receipt	Name of Authorised Representative, if any S-Mar-22 Details of claim received Date of receipt Amount claimed	Name of Authorised Representative, if any Name of Employee Date of receipt Amount claimed Amount of claim admitted	S-Mar-22 List of C 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 party? Details of Claim received Details of claim admitted D	Name of Authorised Representative, if any Details of Claim admitted Date of receipt Amount claimed Amount of claim admitted Nature of claim party? Share in CoC	Name of Authorised Representative, if any Details of Claim admitted Date of receipt Amount claimed Amount of Claim admitted Nature of Claim party? Amount of contingent claim admitted Contingent Claim admitted Nature of Claim Party? Amount of Claim Contingent Contin	Ust of Operational Creditors (Employees) Name of Authorised Representative, if any Name of Employee Name of Employee Name of Representative, if any Name of Employee Name of Employee Name of Employee Name of Representative, if any Name of Employee Name of Employee Name of Representative, if any Name of Employee Name of Employee Name of Representative, if any Name of Employee Name of Employee Name of Representative, if any Nature of claim Nature of claim	Name of Authorised Representative, if any Date of receipt Amount claimed Amount claimed Amount of claim admitted Name of Employee Date of receipt Amount claimed Amount of claim admitted Nature of claim party? Amount of contingent claim may be set-off Name of Employee Name of Calaim Amount of Claim Nature of Claim Name of Employee Name of Claim Nature of Claim Name	S-Mar-22 List of Operational Creditors (Employees) Details of Claim received

Annexure 6