

| Annexure 7  |                     |            |                        |                    |                   |                                |                    |   |                                   |                              |   |                                  |   |                                       |   |                   |
|---|---------------------|------------|------------------------|--------------------|-------------------|--------------------------------|--------------------|---|-----------------------------------|------------------------------|---|----------------------------------|---|---------------------------------------|---|-------------------|
| Name of the Corporate debtor: M/s. Admiron Life Sciences Private Limited; Date of commencement of CIRP: 28.07.2017; List of Creditors as on :28.11.2017 |                     |            |                        |                    |                   |                                |                    |   |                                   |                              |   |                                  |   |                                       |   |                   |
| List of operational creditors (Government dues )  |                     |            |                        |                    |                   |                                |                    |   |                                   |                              |   |                                  |   |                                       |   |                   |
| S No  | Details of claimant |            |                        | Details of claims  |                   | Details of claim admitted      |                    |   |                                   |                              |   | Amount of<br>Contingent<br>Claim | Amount<br>of any<br>mutual<br>dues, that<br>may be<br>set off | Amount<br>of Claim<br>Not<br>Admitted | Amount<br>of claim<br>under<br>verificatio<br>n | Remarks<br>if any |
|   | Department          | Government | Identificatio<br>n No. | Date of<br>Receipt | Amount<br>Claimed | Amount of<br>claim<br>admitted | Nature of<br>claim | Amount<br>covered<br>by<br>security<br>Interest | Amount<br>covered by<br>Guarantee | Whether<br>related<br>party? | % of voting<br>share in<br>COC if<br>applicable |                                  |   |                                       |   |                   |
|   |                     |            |                        |                    | NIL               |                                |                    |   |                                   |                              |   |                                  |   |                                       |   |                   |
|   |                     |            |                        |                    |                   |                                |                    |   |                                   |                              |   |                                  |   |                                       |   |                   |
|   |                     | Total      |                        |                    | 0                 | 0                              |                    |   |                                   |                              |   |                                  |   |                                       | 0   | 0                 |