Annexure–7

Name of the corporate debtor: **Singhal Strips Limited** **Date of commencement of CIRP:** **30-10-23** **List of creditors as on:** **18-01-24**

List of operational creditors (Government dues)

(Amount in Rs)

Sl. No.	Details of claim received			Details of claim admitted						Amount of contingent claim	Amount of any mutual dues, that may be set-off	Amount of claim not admitted	Amount of claim under verification	Remarks, if any
	Name of creditors	Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	Amount covered by security interest	Amount covered by guarantee	Whether related party?	% of voting share in CoC, if applicable					
1	Employees State Insurance Corporation	10-01-24	16,801.00	16,801.00	Unsecured	NA	NA	No	NA					
	Total		**16,801.00**	**16,801.00**										