			S	
			SI No.	
Total	NIL	NIL	Name of Creditor	Name of t
.0	NIL	NIL	Date of Cla Date of receipt	he Corporat
0	NIL	NIL	Date of Claim received Date of Amount receipt Claimed	te Debtor: FO
0	NIL	NIL	Amount of claim admitted	UR CARE HOS
0	NIL	NIL	Details Nature of claim	st of Unsecu
0	NIL	NIL	Details of Claims Admitted re of covered by rela im guarantee par	DSPITAL PRIVATE LIMITED; Date of Commencement of CIRP: 22.01.2024; List of Unsecured Financial Creditors belonging to any class of Creditors
0	NIL	NIL	whether related party?	Creditors be
0	NIL	NIL	iitted Whether % of voting related share in party? CoC	nencement o longing to an
0	NIL	NIL	Amount of contingent claim	y class of Cred
0	NIL	NIL	Amount of any mutual dues, that may be set off	Name of the Corporate Debtor: FOUR CARE HOSPITAL PRIVATE LIMITED; Date of Commencement of CIRP: 22.01.2024; List of Creditors as on: 08.02.2024 (Version 1) List of Unsecured Financial Creditors belonging to any class of Creditors
0	NIL	NIL	Amount of claim not admitted	ors as on: 08.0
0	NIL	NIL	Amount of Claim under Verification	12.2024 (Versic
0	NIL	NIL	Remarks, if any	on 1)

For Four Care Hospital Private Limited (Under CIRP)

Automotion and Olymatory

IKP/RP