Annexure-4

Name of the corporate debtor KONVERGE HEALTHCARE PRIVATE LIMITED Date of Commencement of Liquidation 25/07/2025

Date of Commencement of Liquidation25/07/2025Date of Order Received of Liquidation30/07/2025List of Stakeholders as on21/09/2025

List of unsecured financial creditors (other than financial creditors belonging to any class of creditors)

(Amount in ₹)

Sl. No.	Name of creditor	Details of claim received		Details of claim admitted						Amount of contingent	Amount of any mutual	Amount of claim not	claim under	Remarks , if any
		Date of receipt	Amount claimed	Amount of claim admitted	Nature of claim	covered by	Amount covered by guarantee	Whether related party?	% voting share in SCC	claim	dues, that may be set- off	admitted	verification	
1	Mr. Tarun Kumar	22/08/2025	2,00,07,996.00	1,62,82,445.00	LOAN	NIL	NIL	YES	33.26	NIL	NIL	NIL		Claim As Per Form C provided by related party (Director). Bank statement given.Each Loan amount not provided separately in financial statements, so the claim verified on basis of details provided by SBOD on 21/09/2025.
		TOTAL	2,00,07,996.00	1,62,82,445.00					33.26				37,25,551.00	