

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)

Sl No.	Category of Creditor	Summary of claims received		Summary of claims admitted		Amount of Contingent Claim	Amount of Claims not admitted	Amount of claims under verification	Details in Annexure	Remarks, if any
		No. of Claims	Amount	No. of Claims	Amount of claims admitted					
1	Secured Financial Creditors belonging to any class of creditors		NIL	NIL	NIL	NIL	NIL	NIL	Annexure-1	
2	Unsecured Financial Creditors belonging to any class of creditors		NIL	NIL	NIL	NIL	NIL	NIL	Annexure-2	
3	Secured Financial Creditors (other than financial creditors belonging to any class of creditors)	2	14,14,36,322.85	2	12,20,76,826.00	NIL	NIL	1,93,59,496.85	Annexure-3	Subject to further verification
4	Unsecured Financial Creditors (other than financial creditors belonging to any class of creditors)		NIL	NIL	NIL	NIL	NIL	NIL	Annexure-4	
5	Operational Creditors (Workmen)		NIL	NIL	NIL	NIL	NIL	NIL	Annexure-5	
6	Operational Creditors (Employees)		NIL	NIL	NIL	NIL	NIL	NIL	Annexure-6	
7	Operational Creditors (Government Dues)		NIL	NIL	NIL	NIL	NIL	NIL	Annexure-7	
8	Operational Creditors (Other than Workmen and Employees and Government Dues)		NIL	NIL	NIL	NIL	NIL	NIL	Annexure-8	
9	Other Creditors, if any (Other than financial Creditors and operational creditors)		NIL	NIL	NIL	NIL	NIL	NIL	Annexure-9	
	TOTAL	2	14,14,36,322.85	2	12,20,76,826.00	NIL	NIL	1,93,59,496.85		

**For Four Care Hospital Private Limited
(Under CIRP)**

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Annexure-1

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 Secured Financial Creditors belonging to any class of Creditors

Sl No.	Name of Creditor	Details of Claim received			Details of Claims Admitted							Amount of contingent claim	Amount of mutual dues, that may be set off	Amount of claim not admitted	Amount of Claim under Verification	Remark if any	
		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	Amount of claim	Amount of any mutual dues, that may be set off						Amount of claim not admitted
NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Total	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Four Care Hospital Private Limited
(Under CIRP)


Authorised Signatory
IRP/RP

Annexure-2

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

SI No.	Name of Creditor	Date of Claim received			Details of Claims 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	
		Date of receipt	Amount Claimed	Amount of claim admitted	Nature of claim	Amount covered by guarantee	Whether related party?	% of voting share in CoC	Amount of claim	Amount of any mutual dues, that may be set off	Amount of claim not admitted						Amount of Claim under Verification
	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**For Four Care Hospital Private Limited
(Under CIRP)**


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Sl No.	Name of Creditor	List of Secured Financial Creditors (other than financial creditors belonging to any class of creditors)										Remarks, if any		
		Date of Claim received		Amount of claim admitted		Nature of claim	Amount covered by security interest		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 not admitted
Date of receipt	Amount Claimed	Amount of claim admitted	Amount covered by security interest	Amount covered by guarantee	Amount covered by security interest		Amount covered by guarantee	Amount of contingent claim				Amount of any mutual dues, that may be set off		
1	Standard Chartered Bank	07.02.2024	8,30,76,826.00	8,30,76,826.00	Secured	5,61,00,000.00	1,06,94,934.00	NA	68.05%	-	-	-	-	The claims are subject to further revision, on the basis of any information, documents received and as per the best knowledge of the IRP/RP
2	The Mogaveera Co-Operative Bank Limited	08.02.2024	5,83,59,496.85	3,90,00,000.00	Secured	3,90,00,000.00	3,90,00,000.00	NA	31.95%	-	-	-	1,93,59,496.85	The claims are subject to further revision, on the basis of any information, documents received and as per the best knowledge of the IRP/RP
TOTAL			14,14,36,322.85	12,20,76,826.00		9,51,00,000.00	4,96,94,934.00		100.00%			0.00	1,93,59,496.85	

SECURITY INTEREST

MORTGAGED PROPERTIES:	
Flat no 602, and 702 6th Floor and 7th Floor, Parshwa Kunj CHSL, Malwa Road Vile Parle East, Mumbai 400057 in the name of Mr. Babanna V. Sheregar and Dr. Satish Sheregar	
The guarantee was given by the following: Mrs. Poorima Satish Sheregar, Mr. Babanna Venkatraman Sheregar, M/s Four Care Hospital Private Limited	
Name of the Guarantors for ECLGS Facilities of Rs. 1,06,94,934	
Mrs. Poorima Satish Sheregar	
Mr. Babanna Venkatraman Sheregar	
Four Care Hospital Private Limited	

THE MOGAVEERA CO-OPERATIVE BANK LIMITED

Hypothecation of Plant & Machinery, Furniture, Fixtures & Equipments belonging to the company having Book Value of Rs. 155.01 lakhs as on 31.03.2019	
Existing Equitable Mortgage of Properties:	
i. Office No.1, Ground floor, Vishukrupa CHS Ltd., Mahant Vile Parle (E), Mumbai - 400 057, in the name of Dr. Satish B Sheregar & Mr. Babanna B. Sheregar.	
ii. Office Premises No 101, Entire 1st floor, Vishukrupa CHS Ltd., Mahant Road, Vile Parle (E), Mumbai: 400 057, in the name of Mr. Babanna B. Sheregar & Dr. Satish B. Sheregar.	
Name of the Guarantors	
1 Mr. Narendra C Panani	
2 All Directors in their personal capacity as on 31.12.2019, namely, Mr. Satish Sheregar, Mrs. Poorima Sheregar, and, Mr. Babanna Sheregar	

For Four Care Hospital Private Limited
 (Under CIRP)

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Note: The above claims admitted are subject to further revision in the amount of the claim admitted as soon as may be practicable, on knowledge of any additional information warranting such revision in accordance with Regulation 14 of the IBSI (Insolvency Resolution Process for Corporate Debtor) Regulation, 2016 ("CIRP Regulations"), also, the details and ownership of properties are as per the claim documents submitted by the respective financial creditors. These are under examination.


Annexure-4

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

Sl No.	Name of Creditor	Details of Claims Admitted										Remarks, if any				
		Date of Claim received	Date of receipt	Amount Claimed	Amount of claim admitted	Nature of claim	Amount covered by guarantee	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 not admitted	Amount of Claim under Verification		
	NIL		NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
	NIL		NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
	Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Four Care Hospital Private Limited
(Under CIRP)


 Representative
 Factory

Annexure-5


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 Operational Creditors (Workmen)

Sl No.	Name of Authorised representative, if any	Name of Workman	Date of Claim received		Details of Claims Admitted						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	
			Date of receipt	Amount Claimed	Amount of claim admitted	Nature of claim	Whether related party?	% of voting share in CoC								
NIL		NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	
NIL		NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	
TOTAL																

For Four Care Hospital Private Limited

(Under CIRP)



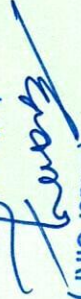
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Annexure-6

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 Operational Creditors (Employees)

Sl No.	Name of Authorised representative, if any	Name of Employee	Date of Claim received			Details of Claims Admitted										
			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			
NIL		NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
NIL		NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

For Four Care Hospital Private Limited
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Annexure-7

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)

Operational Creditors (Government Dues)

Sl No.	Details of Claimant			Details of Claims Admitted							Remarks, if any		
	Department	Government	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
1	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Total				0	0	0	0	0	0	0	0	0	0

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Annexure-8

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 Operational Creditors (Other than Workmen and Employees and Government Dues)

SI No.	Name of Creditor	Date of Claim received			Details of Claims 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	
		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								
NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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Annexure-9

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)

Sl No.	Name of Creditor	Identification No.	Date of Claim received		Details of Claims 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, any		
			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	Amount covered by security interest	Amount covered by guarantee	Whether related party?	% of voting share in CoC							
	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	
	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL
	Total	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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