Summary of claims Summary of claims	Filing under clause (ca) of sub-regulation (2) of regulation 13 the IBBI (Insolvency Resolution	Name of the Corporate Debtor: FOUR CARE HOSPITAL PRIVATE LIMITED; Date of
mitted	BBI (Insolvency Resolution Process for Corporate Persons) Regulations, 2016	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

9		∞	7	6	5	4	ω	2	1	SI No.	
	Other Creditors, if any (Other than financial Creditors and operational creditors)	Operational Creditors (Other than Workmen and Employees and Government Dues)	Operational Creditors (Government Dues)	Operational Creditors (Employees)	Operational Creditors (Workmen)	Unsecured Financial Creditors (other than financial creditors belonging to any class of creditors)	Secured Financial Creditors (other than financial creditors belonging to any class of creditors)	Unsecured Financial Creditors belonging to any class of creditors	Secured Financial Creditors belonging to any class of creditors	Category of Creditor	
2							2			No. of Claims	Sum
14 14 36 322 85	NIE	NIL	NIL	NIL	NIL	NIL	14,14,36,322.85	NIL	NIL	Amount	Summary of claims received
2	NIL	NIL	NIL	NIL	NIL	NIL	2	NIL	NIL	No. of Claims	Summary o
12,20,76,826,00	NIL	NIL	NIL	NIL	NIL	NIL	12,20,76,826.00	NIL	NIL	Amount of claims admitted	Summary of claims admitted
Z	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	Contingent Claim	Amount of
NE	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL	not admitted	
1.93.59.496.85	NIL	NIL	NIL	NIL	NIL	NIL	1,93,59,496.85	NIL	NIL	under verification	
	Annexure-9	Annexure-8	Annexure-7	Annexure-6	Annexure-5	Annexure-4	Annexure-3	Annexure-2	Annexure-1	Annexure	
							Subject to further verification			any	

For Four Care Hospital Private Limited
(Under CIRP)

Authorised Algnatory
IRPURP

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)

			SI No.		
Total	NE.	NIL	Name of Creditor		
0	NIL	NIL	Date of receipt	Details of	
0	NIL	NE	Amount Claimed	Details of Claim received	
0	NIL	NIL	Amount of claim admitted		
0	NIL	NIL	Nature of claim		
0	NIL	NIL	Amount covered by security interest	Details of C	ist of Secured Fina
0	NIL	NIL	Amount covered by guarantee	Details of Claims Admitted	List of Secured Financial Creditors belonging to any class of Creditors
0	NIL	NIL	Whether related party?		
0	NIL	NIL	Whether % of voting related party? share in CoC		
0	NIL	NIL	contingent claim		tors
0	NIL	NIL	mutual dues, that may be set off	Amount of any	
0	NIL	NIL	claim not admitted		
0	NIL	NIL	Clain under Verification		
	NIL	NIL	Remark if any		

For Four Care Hospital Private Limited (Under CIRP)

(Under CIRP)

Whorised Signatory

				SI No.	
The State of the State of	Total	NIL	NIL	Name of Creditor	Name of t
	0	NIL	NIL	Date of Cla Date of receipt	he Corpora
	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	Detail Nature of	PITAL PRIVA
	0	NIL	NIL	List of Unsecured Financial Creditors belonging to any class of Creditors Details of Claims Admitted Amount of Covered by claim guarantee party? CoC Creditors belonging to any class of Creditors Amount of Amount of Contingent Contingent Contingent CoC	ATE LIMITED; [
	0	NIL	NIL	Creditors be mitted Whether related party?	Date of Comr
	0	NIL	NIL	reditors belonging to an itted Whether % of voting related share in party? CoC	nencement c
	0	NIL	NIL	y class of Crec Amount of contingent claim	f CIRP: 22.01.
	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)
	0	NIL	NIL	Amount of claim not admitted	ors as on: 08.0
	0	NIL	NIL	Amount of Claim under Verification	12.2024 (Versi
	0	NIL	NIL	Remarks, if any	on 1)

For Four Care Hospital Private Limited (Under CIRP)

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IKP/RP

Date of Claim received Amount Claimed Amount Claimed Amount of datin Nature of Amount covered Amount Covered Amount Covered Amount Claimed Amount Clai	Part	7	al												ır, and,	Mrs. Porrnima Sheregar, and, Mr. Babanna Sheregar	
Amount of any mutual of claim under dues, that are in CoC claim may be set off admitted any mutual of claim under verification 68.05% 31.95% Dr. Satish Sheregar Amount of Claim under dues, that not verification 1,93,59,496.85 1,93,59,496.85	Iny dass of creditors as on: 08.02.2024 (Version 1) Iny dass of creditors) Amount of of voting contingent daus, that are in CoC claim may be set off admitted verification 68.05% 1.93,59,496.85 Dr. Satish B. Sheregar	ospital Private Limite der CIRP)	or Four Care Ho	-											ersonal 119, namely,	Mr. Narendra C Panani All Directors in their po capacity as on 31.12.20 Mr. Satish Shoregar	
Amount of Amount of Amount of daim for contingent claim any mutual of daim under not claim may be set off admitted verification 8.05% 1.95% 1.93,59,496.85 1.00.00% 1,93,59,496.85	y class of creditors as on: 08.02.2024 (Version 1) y class of creditors) Amount of any mutual contingent claim any be set off admitted Random of claim any be set off admitted 8.05% 1.95% Amount of any mutual of claim any be set off admitted Verification 1.93,59,496.85						. Sheregar.	egar. r & Dr. Satish B	3abanna B. Shero 3nna B. Sheregar	B Sheregar & Mr. E e name of Mr. Baba	e name of Dr. Satish ımbai- 400 057, in the	100 057, in th	arle (E), Mumbai - 4 Mahant Road, Vile	5 Ltd., Mahant Vile P. shnukrupa CHS Ltd.,	shnukrupa CHS re 1st floor, Vi	g Equitable Mortgage of No.1, Ground floor, Vie Premises No 101, Ent	i. Office
Amount of Amount of Amount of Claim of voting contingent are in CoC claim may be set off admitted werification 1.95% Amount of Amount of Claim of claim ont not not may be set off admitted werification 1.93,59,496.85 1.93,59,496.85	ny class of creditors as on: 08.02.2024 (Version 1) ny class of creditors Amount of contingent contingent claim are in CoC claim may be set off admitted not may be set off admitted 68.05% 31.95% 1.93,59,496.85 1							2019	ths as on 31.03.	ue of Rs. 165.01 lak	any having Book Valu	to the compa	ments belonging	ure, Fixtures & Equip	hinery, Furnitu	ecation of Plant & Mad	Hypoth
Amount of Amount of Amount of Claim of voting contingent claim are in CoC claim may be set off admitted werification 68.05% 31.95% Amount of any mutual of claim not not may be set off admitted werification 1,93,59,496.85	ny class of creditors as on: 08.02.2024 (Version 1) ny class of creditors Amount of contingent contingent claim are in CoC claim may be set off admitted 68.05% 31.95% Amount of any mutual of claim may be set off admitted Amount of Claim under verification 1,93,59,496.85								ANKLIMITED	CO-OPERATIVE R	THE MOGAVEER						T
Amount of Amount of Amount of Claim of voting contingent rare in CoC claim may be set off admitted werification 68.05% 31.95% 31.95% Amount of Amount of Claim of claim not may be set off admitted werification 1,93,59,496.85	ny class of crecitors] Ny class of crecitors] Amount of contingent of voting of claim or claim are in CoC claim may be set off admitted 88.05% 31.95% Amount of claim may be set off admitted Amount of Claim may be set off admitted Nerification 1,93,59,496.85 100.00% 0.00 1,93,59,496.85												1,06,94,934	CLGS facilities of Rs.	sheregar man Sheregar rate Limited	Name of the Gu Mrs. Poornima Satish : Mr. Babanna Venkatra Four Care Hospital Priv	
Date of Claim received Date of Date of Claim received Date of Date of Claim received Date of Date of Date of Claim received Amount Claimed Amount of Claim Nature of Amount covered Amount covered Amount covered Amount covered Party Security Party Pa	Date of Claim received Amount Claimed Amount Claimed Date of Claim receipt Amount Claimed Amount Claimed Date of Claim receipt Date of Claim receipt Date of Claim receipt Amount Claimed Amount Claimed Date of Claim receipt Date of Claim re						sheregar	and Dr. Satish S d	na V. Sheregar a al Private Limiteo	name of Mr. Baban s Four Care Hospita	ımbai 400057 in the I raman Sheregar, M/	arle East, Mu Danna Venkat	Malvia Road Vile F Sheregar, Mr. Bal	Parshwa Kunj CHSL, Mrs. Poornima Satisl	and 7th Floor, he following: 1	.602, and 702 6th Floor arantee was given byb t	Flat no. The gua
Name of Creditor Date of Claim received Date of Claim received Date of Claim received Date of Claim received Amount Claim Rature of Details of Claims Admitted Amount covered Fancial Creditors Jebing Claims Admitted Amount covered Fancial Covered Amount covered Amount covered Fancial Creditors Admitted Date of Part of Date of Claim received Amount of Claim Part of Claim	Name of Creditor Name of Creditors Date of Claim received Amount Claim Rature of Creditors Details of Claims Amount covered received Mount covered received Mount covered related party? Share in Coc Claim received Mount covered related party? Share in Coc Claim received Mount covered related party? Share in Coc Claim received Mount covered related party? Share in Coc Claim received Mount received related party? Share in Coc Claim received Mount received related party? Share in Coc Claim received related received related party? Share in Coc Claim received related received related received related received related received related received receive								ANK	ARD CHARTERED B	STAND					SAGED PROPERTIES:	MORTG
Name of Creditor Name of Creditor Date of Claim received Date of Claim received Nature of Claim Amount of	Name of Creditor Name of Creditor Name of Creditor Date of Claim received Date of Claim received Name of Creditor Date of Claim received Date of Claim received Name of Creditor Date of Claim received Amount of Claim received Date of Cl									CURITY INTEREST	SE						T
Name of Creditor Date of Claim received Date of Claim received Date of Claim received Date of Claim received Amount of daim Amount of Claim A	Name of Creditor Name of Creditors Name in Coc Name of Creditors Name in Coc Name in Coc																
Name of Creditor Date of Claim received D	Name of the Corporate Debtor: FOUR CARE HOSPITAL PRIVATE LIMITED; Date of Commencement of GRP: 22.01.2024; Ust of Secured Flandard Creditors (Creditors (Offer than financial creditors belonging to any class of creditors as on: 08.07.2024 (Version 1) List of Secured Flandard Creditors (Offer than financial creditors belonging to any class of creditors as on: 08.07.2024 (Version 1) Pate of Claim received or Claim (Amount Covered admitted of Claims Admitted by security by guarantee related party? Share in Coc Claim may be set off admitted of claim under world diam under world of claim under share in Coc Claim may be set off admitted of claim under world of claim under share in Coc Claim may be set off admitted of claim under world of claim under share in Coc Claim may be set off admitted of claim under world of claim under share in Coc Claim may be set off admitted of claim under world of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set off admitted of claim under share in Coc Claim may be set o				0.00			100.00%		4,96,94,934.00	9,51,00,000.00		12,20,76,826.00	14,14,36,322.85		TOTAL	
Date of Claim received Date of Claim recei	Name of the Corporate Debtor: FOUR CARE HOSPITAL PRIVATE LIMITED; Date of Commencement of CIRP: 22.01.2024; List of Creditors as on: D8.02.2024 (Version 1) List of Secured Financial Creditors (other than financial creditors belonging to any class of creditors) Date of Date of Claim received Date of Pate of Claim received Date of Pate of							31.95%	NA	3,90,00,000.00	3,90,00,000.00		3,90,00,000.00	5,83,59,496.85	08.02.2024	The Mogaveera Co- Operative Bank Limited	2
Date of Claim received Amount Claimed received Amount Claimed admitted Amount covered by security by guarantee related party? Share in CoC and admitted Amount of Claim share in CoC claim receitors Amount of Claim share in CoC claim and admitted Amount of Claim share in CoC claim receitors Amount of Claim share in CoC claim share in CoC claim receitors Amount of Claim share recei	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 (other than financial creditors belonging to any class of crecitors) Date of Claim received Date of Claim received Date of Claim received Amount of claim Amount of claim Amount covered by security Date of Claim security Amount covered by security Amount covered by guarantee related party? Share in CoC claim may be set off admitted Amount of claim dues, that not claim may be set off admitted Verification		The claims are subject to further revision, on the basis of any information, documents received and as per the best knowledg of the IRP/RP					68.05%	NA	1,06,94,934.00	5,61,00,000.00		8,30,76,826.00	8,30,76,826.00	07.02.2024	Standard Chartered Bank	ь
List of Secured Financial Creditors (other than financial creditors belonging to any class of creditors) Details of Claims Admitted Amount of Am	norate 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 (other than financial creditors belonging to any class of creditors) Details of Claims Admitted Amount of Amount of Amount		Remarks, if any	under Verification	of claim not admitted	any mutual dues, that may be set off	_				-	Nature of claim	Amount of claim admitted	Amount Claimed	Date of receipt		SI No.
List of Secured Financial Creditors (other than financial creditors belonging to any class of creditors)	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 (other than financial creditors belonging to any class of creditors)			Amount of Claim		Amount of	Amount of			ns Admitted	Details of Clain			Claim received	Date of C		
	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)						creclitors)	to any class of	tors belonging t	han financial credi	ial Creditors (other t	cured Financ	List of Se				

examination. 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 IBBI(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

			SI No.			
Total	NIL	NIL	Name of Creditor			
0	NIL	NIL	Date of receipt	Date of Cla		Name of the
0	NIL	NIL	Amount Claimed	Date of Claim received		ne Corporate
0	NIL	NIL	Amount of claim Nature of Amount covered admitted claim by guarantee		List of Uns	Debtor: FOUR CAF
0	NIL	NIL	Nature of claim	Det	ecured Finar	RE HOSPITAL
0	NIL	NIL	Amount covered by guarantee	Details of Claims Admitted	List of Unsecured Financial Creditors (other than financial creditors belonging to any class of creditors)	PRIVATE LIMITED
0	NIL	NIL	Whether % of voting related party? share in CoC	nitted	ner than financial	; Date of Comme
0	NIL	NIL	% of voting share in CoC		creditors belon	encement of CIRI
0	NIL	NIL	contingent claim	•	ging to any class	P: 22.01.2024; Li
0	NIL	NIL	Amount of any mutual dues, that may be set off		of creditors)	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)
0	NIL	NIL	Amount of claim not admitted			: 08.02.2024 (
0	NIL	NIL	Amount of Amount of Claim claim not under admitted Verification			Version 1)
0	NIL	NIL	Remarks, if any			

For Four Care Hospital Private Limited (Under CIRP)

			SI No.			
TOTAL	NIL	NIL	representative, if any	Name of		Name of the
	NIL	NIL	Workman	Name of		Corporate De
	NIL.	NIL	Date of receipt	Date of Cla		btor: FOUR
	NIL	NE	Amount Claimed	Date of Claim received		CARE HOSPIT
	NE	NIL	Amount of Natur		List of	AL PRIVATE LIMI
	NIL	NIL	Nature of claim	Details of C	List of Operational	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)
	NIL	NIL	Whether % of voting related party? share in CoC	Details of Claims Admitted	Creditors (Workmen)	Commencemen
	NIL	NIL	% of voting share in CoC		kmen)	t of CIRP: 22.01
	NIL	NIL	contingent claim	Amount of		2024; List of
	NIL	NIL	that may be set off	Amount of any		Creditors as on:
	NIL	NIL	Claim under Verification	Amount of		08.02.2024 ()
	NE	NE	claim not admitted	Amount of		Version 1)
	NIL	NIL	if any			

For Four Care Hospital Private Limited
(Under CIRP)

Authorised Sonatory
IRP/RP

			SI No.			
Total	NIL	NIL	Authorised representative, if any	Name of		Name of t
0	NIL	NIL	Name of Employee			the Corporat
0	NE	NIL	Date of receipt	Date of C		te Debtor: F
	NIL	NIL	Amount Claimed	Date of Claim received		OUR CARE HO
0	NIL	NIL	Amount of claim Nature of admitted claim		List	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)
0	NE.	NIL	Nature of claim	Details of Cla	of Operation	/IITED; Date
0	NIL	NIL.	Whether % of voting related party? share in CoC	Details of Claims Admitted	List of Operational Creditors (Employees)	of Commenceme
0	NIL	NIL	% of voting share in CoC		ployees)	ent of CIRP: 22.0
0	NIL	NIL	contingent claim)1.2024; List o
0	NIL	NIL	mutual dues, that may be set off	Amount of any		f Creditors as on: (
,	NIL	NIL	Claim under Verification			08.02.2024 (Ver
0	NIL	NIL	claim not admitted			sion 1)
0	NIL	NIL	Remarks, if any			

For Four Care Hospital Private Limited
(Under CIRP)

Authorised Signatory
IRP/RP

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) Annexure-7

Department **Details of Claimant** NIL Government Z Z Date of receipt Date of Claim received Z Z Amount Claimed Z Z admitted Amount of claim Z Z Nature of Whether related % of voting share claim **Details of Claims Admitted Operational Creditors (Government Dues)** ZZ party? Z Z in CoC ZZ contingent Amount of claim ZZ Amount of any mutual dues, that may be set off Z Z under Verification **Amount of Claim** ZZ Amount of claim not admitted NIL Z Remarks, if a

SI No.

1 NIL

Total

For Four Care Hospital Private Limited (Under CIRP)

Authorised Signatory IRP/RP

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)

	SI No.				
		Ω	NIL	NIL	Total
	Name of	Creditor			
	Date of C	Date of receipt	NIL	NIL	0
	Date of Claim received	Amount Claimed	NIL	NIL	0
		Amount of claim admitted	NIL	NIL	0
_		Nature of claim	NIL	NIL	0
List of Operational Creditors (Other	Details of C	Amount of claim Nature of Amount covered by Amount covered admitted claim security interest by guarantee	NIL	NIL	0
ditors (Other than \	Details of Claims Admitted	Amount covered by guarantee	NIL	NIL	0
Workmen and E			NIL	NIL	0
r than Workmen and Employees and Government Dues)		Whether % of voting share in related party?	NIL	NIL	0
ment Dues)	Amount of	contingent claim	NIL	NIL	0
	Amount of any	mutual dues, that Amount of claim may be set off not admitted	NIL	NIL	0
		Amount of claim not admitted	NIL	NIL	0
	Amount of Claim		NIL	NIL	0
	Remarks, if	any	NIL	NIL	0

For Four Care Hospital Private Limited (Under CIRP) Authorised Signatory IRP/RP

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) Annexure-9

SI No. Total N N Creditor Name of Z M Identification No. Date of Z NIL receipt **Date of Claim received** Z NIL Claimed Amount Z NIL claim admitted Amount of Lis of Other Creditors, if any (Other than financial Creditors and operational creditors) claim Z N Nature of Z N Amount covered Amount interest by security **Details of Claims Admitted** Z NIL covered by guarantee party? Z NIL related Whether Z NI CoC share in % of voting ZZ Amount of contingent claim Z NIL that may be set Amount of any mutual dues, off Z N Amount of claim not admitted ZZ Verification Claim under Amount of Z NIL Remarks, any

For Four Care Hospital Private Limited
(Under CIRP)

Authorised Signatory
IRP/RP