

SCHEDULE II**FORM B****PUBLIC ANNOUNCEMENT**

(Regulation 12 of the Insolvency and Bankruptcy (Liquidation Process) Regulations, 2016)

FOR THE ATTENTION OF THE STAKEHOLDERS OF M/S AMAN MEDICAL PRODUCTS PRIVATE LIMITED

| SL NO. | PARTICULARS | DETAILS |
|--------|--|--|
| 1. | NAME OF CORPORATE DEBTOR | AMAN MEDICAL PRODUCTS PRIVATE LIMITED |
| 2. | DATE OF INCORPORATION OF CORPORATE DEBTOR | 07/07/1998 |
| 3. | AUTHORITY UNDER WHICH CORPORATE DEBTOR IS INCORPORATED / REGISTERED | ROC- Uttar Pradesh, Kanpur |
| 4. | CORPORATE IDENTITY NUMBER / LIMITED LIABILITY IDENTITY NUMBER OF CORPORATE DEBTOR | U29296UP1998PTC023655 |
| 5. | ADDRESS OF THE REGISTERED OFFICE AND PRINCIPAL OFFICE (IF ANY) OF CORPORATE DEBTOR | Registered Office /Principal Office (s): 1. 3 rd Floor, Burlington Crossing, Vidhan Sabha Marg, Lucknow-226001 (U.P.) 2. Zohra Complex, Kalanpur Barhalganj, Gorakhpur-273402 (U.P.) (Factory/Work office) 3. 336/1, Bharat Industrial Estate, Bhimpore, Nani Daman, Daman-396210 |
| 6. | DATE OF CLOSURE OF INSOLVENCY RESOLUTION PROCESS | 10/12/2018 |
| 7. | LIQUIDATION COMMENCEMENT DATE OF CORPORATE DEBTOR | 10/12/2018 |
| 8. | NAME AND REGISTRATION NUMBER OF THE INSOLVENCY PROFESSIONAL ACTING AS LIQUIDATOR | CS Shraavan Kumar Vishnoi IBBI/IPA-002/IP-N00040/2016-2017/10079 |
| 9. | ADDRESS AND EMAIL OF THE LIQUIDATOR, AS REGISTERED WITH THE BOARD | 406-407, Shopping Square, Sushant Golf City, Sector-D, Ansal API, Lucknow-226030 Shraavan.vishnoi@yahoo.com +91 9839 44 3555 |
| 10. | ADDRESS AND EMAIL TO BE USED FOR CORRESPONDANCE WITH LIQUIDATOR | BCC Tower, 1008, 10 th floor, Arjun Ganj, near Saheed path, Lucknow – 226002 Shraavan.vishnoi@yahoo.com |
| 11. | LAST DATE FOR SUBMISSION OF CLAIMS | 09/01/2019 |

Notice is hereby given that the Hon'ble National Company Law Tribunal Allahabad has ordered the commencement of liquidation of the M/S AMAN MEDICAL PRODUCTS PRIVATE LIMITED on 10/12/2018.

The stakeholders of M/S AMAN MEDICAL PRODUCTS PRIVATE LIMITED are hereby called upon to submit a proof of their claims, on or before 09/01/2019, to the liquidator at the correspondence address mentioned against item 8.

The financial creditors shall submit their proof of claims by electronic means only. All other stakeholders may submit the proof of claims in person, by post or by electronic means.

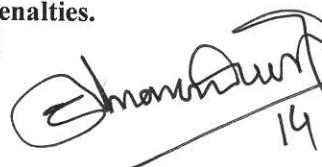
The proof of claims is to be submitted by way of the following specified forms along with Affidavit. Forms C- Proof of Claim by Operational Creditors (Except workmen & employees), Form D – Proof of Claim by Financial Creditors, Form E – Proof of Claim by Workmen & Employees, Form F – Proof of Claim by Authorized Representative of Workmen Or Employees, Form G – Proof of Claim by any Other Stakeholder

The forms can be download from the website: <http://www.ibbi.gov.in/downloadform.html>

Submission of false or misleading proofs of claim shall attract penalties.

Name and Signature of the Liquidator: CS Shraavan Kumar Vishnoi

Date and Place: 14/12/2018 at Lucknow


14/12/2018
