

Form E – Proof of Claim by a Workman or Employee

[Under Regulation 19 of the Insolvency and Bankruptcy Board of India (Liquidation Process) Regulations, 2016]

To,
Ravi Sankar Devarakonda,
Liquidator,
RTIL Limited,
Thandya Industrial Estate, Thandavapura Village,
Nanjangud, Mysore District, Karnataka - 571302

Subject : Submission of Proof of Claim in respect of the liquidation of RTIL Limited under the Insolvency & Bankruptcy Code, 2016

Madam/Sir,

I hereby submit this proof of claim in respect of the liquidation of RTIL Limited. The Details of the same are set out below:

Name of Workman/Employee *

PAN number, Passport, the identity card issued by the Election Commission of India or Aadhaar card of workman / employee *

Address for Correspondence *

Street Address

City

State/Region/Province

Postal / Zip Code

Country

Email Address of the Workman/Employee *

Phone Number *

Status of Employment * Current Employee Ex-Employee**Date of Joining ***

dd/MM/yyyy

Date of Leaving *

dd/MM/yyyy

Claim Amount (Excluding Interest) *

INR

Please enter amount in INR based on the prevalent exchange rate as on Liquidation Commencement Date 05-Feb-2019

Interest Claimed, if any

INR

Please enter amount in INR based on the prevalent exchange rate as on Liquidation Commencement Date 05-Feb-2019

Total Amount of Claim in INR

As on Liquidation Commencement Date 05-Feb-2019

Details of documents by reference to which the debt can be substantiated ***Details of any dispute as well as the record of pendency or order of suit or arbitration proceedings *** No Disputes Yes, Details to be mentioned below**If answer to above is yes, please provide details below: *****Details of how and when claim arose**

Details of any mutual credit, mutual debts, or other mutual dealings between the corporate debtor and the creditor which may be set-off against the claim

Mention details of the bank account to which the Workman/Employee's share of the proceeds of Liquidation can be transferred:

Bank Name & Branch *

Bank Account Number *

IFSC Code *

List out and attach the documents relied on in support of this claim *

Indicative List - ID Proof, Appointment/Relieving Letter, Statement of Dues, F&F Settlement Copy, etc.

Upload Affidavit (witnessed by Notary or Oath Commissioner)

Drag & Drop (or) [Choose File](#)

Upload documents as proof of claim

Drag & Drop (or) [Choose File](#)

Please upload one compressed/zip folder containing all documents (File size should be within 20MB)

Upload documents (Part 2)

Drag & Drop (or) [Choose File](#)

Use this to upload files if the above 20MB is not sufficient. You may split the files into 2 compressed/zipped folders as Part-1 and Part-2 (each not being greater than 20MB)

Note: Along with other documents, please attach an excel file giving a detailed breakup of the components of your salary and further splitting them into dues pertaining to the period:

i) Period between 05-Feb-2018 to 04-Feb-2019

ii) Period between 05-Feb-2017 to 04-Feb-2018

iii) Period prior to 05-Feb-2017

Following is an indicative format:

Particulars	Total Due from the company	Dues for the period 05.02.2018 to 04.02.2019	Dues for the period 05.02.2017 to 04.02.2018	Dues for the period before 05.02.2017
Salary Including arrears	xx	xx	xx	xx
PF/ESI	xx	xx	xx	xx
LTA	xx	xx	xx	xx
Leave Encashment / Paid Leave	xx	xx	xx	xx
Bonus/Exgratia	xx	xx	xx	xx
Superannuation	xx	xx	xx	xx
Gratuity	xx	xx	xx	xx
TDS	xx	xx	xx	xx
Reimbursements	xx	xx	xx	xx
Others	xx	xx	xx	xx
Total Claim Amount	xxxx	xxxx	xxxx	xxxx

Signature of workman/employee or person authorised to act on his behalf *

[Clear](#)

[Please enclose authority if this is being submitted on behalf of the workman/employee]

Name in BLOCK LETTERS *

Position with or in relation to workman/employee *

Address of Person Signing *

Save

Submit

Do not submit confidential information such as credit card details, Mobile and ATM PINs, account passwords, etc. [Report Abuse](#)

