FORM D - PROOF OF CLAIM BY A WORKMAN OR AN **EMPLOYEE**

[Under Regulation 7 of the Insolvency and Bankruptcy Board of India (Insolvency Resolution Process for Corporate Persons) Regulations, 2016]

To, Venkatesan S, Interim Resolution Professional, RTIL Limited, Thandya Industrial Estate, Thandavapura Village, Nanjangud, Mysore District, Karnataka - 571301	
Subject : Submission of Proof of Claim	
Madam/Sir,	
I hereby submit this proof of claim in respect of the RTIL Limited. The Details of the same are set out be	e corporate insolvency resolution process in the case of pelow:
Name of Workman/Employee *	
PAN number, Passport, the identity card issued by workman / employee *	the Election Commission of India or Aadhaar card of
Address for Correspondence *	
Street Address	
City	State/Region/Province
	-Select-
Postal / Zip Code	Country
Email Address of the Workman/Employee *	
Phone Number *	

Status of Employment *	
Current Employee	C 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 p	prevalent exchange rate as on dd-mm-yyyy
Interest Claimed, if any	
	INR
Please enter amount in INR based on the p	prevalent exchange rate as on dd-mm-yyyy
Total Amount of Claim in INR	
0	
Dataila of decuments by reference to	which the debt can be substantiated t
Details of documents by reference to	which the debt can be substantiated *
Details of any dispute as well as the r	record of pendency or order of suit or arbitration proceedings *
O No Disputes	
O Yes, Details to be mentioned below	
If answer to above is yes, please prov	vide details below: *
Details of how and when claim arose	

Aention details of the bank accessolution plan:	count to which the amount of the claim or any part thereof can be transferred pursuant to a
Bank Name & Branch *	
Bank Account Number *	
FSC Code *	
	d to this proof of claim in order to prove the existence and non-payment of clain
List of documents attached due to the workman/emplo	
due to the workman/emplo	
due to the workman/emplo	ointment/Relieving Letter, Statement of Dues, F&F Settlement Copy, etc.
due to the workman/emplo	ointment/Relieving Letter, Statement of Dues, F&F Settlement Copy, etc.
due to the workman/emplo	ointment/Relieving Letter, Statement of Dues, F&F Settlement Copy, etc.
due to the workman/emplo ndicative List - ID Proof, Appo Jpload documents as pro	ointment/Relieving Letter, Statement of Dues, F&F Settlement Copy, etc. of of claim Drag & Drop (or) Choose File
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ndicative List - ID Proof, Appoint Delease upload one compressed Upload documents (Part 2) Jise this to upload files if the apart-1 and Part-2 (each not be Note: Along with other documents)	Drag & Drop (or) Choose File Drag & Drop (or) Choose File

100	^^	^^	^^
Reimbursements Others	XX XX	XX XX	XX
Total Claim Amount	xxxx	xxxx	XXXX
Verification * I do hereby verify that		roof of claim are tr	ue and cor
fact has been concea	led therefrom		
		DECLAR	RATION
I do hereby ded	clare and state as f	ollows: *	
1. RTIL Limited, the 2018, actually indebabove.			
2. In respect of my	claim of the said sur	n or any part the	reof, I hav
3. The said document material facts have			best of m
4. In respect of the sbelief, for my use, he details mentioned the corporate debtor	nad or received any and above in regard to	manner of satisfa any mutual cred	action or so dit, mutual
Signature of workm	an/employee *		
Clear			
Clear			
Name in BLOCK LE	ETTERS *		

Save

Submit

Do not submit confidential information such as credit card details, Mobile and ATM PINs, account passwords, etc. Report <u>Abuse</u>

