

FORM 1

(SEE RULE 14)

Name Of Establishment **FUTURE ENTERPRISES COMPANY**

Name of Employee **AMAN**

	CASUAL OR SICKNESS LEAVE				PRIVILEGE LEAVE				Total of Leaves	Balance at the end of the year				
	Amount of Leave Requested	Date of Application If any	Leave Availed		Total Leave Availed	Date of Application	Whether Application granted or refuses fully or partially	Leave Availed			Total Leave Availed			
			From	To			From	To						
AMAN					NIL					NIL				
MOHAN CHAND					NIL					NIL				0
SATYAWAN SINGH					NIL					NIL				
RAHUL					NIL					NIL				
ROHIT					NIL					NIL				
SAJAN KUMAR					NIL					NIL				

