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FORM 1

(SEE RULE 14)

Name Of Establishment ... FUTURE ENTERPRISES COMPANY

Name of Employee ..... AS MENTIONED

Month. Oct-21

	CASUAL OR SICKNESS LEAVE					PRIVILEGE LEAVE						
S.NO	Amount of Leave Requested	Date of Application If any	Leave Availed		Total Leave Availed	Date of Application	Whether Application granted or refuses fully or partial';	Leave Availed		Total Leave Availed	Total of Leaves	Balance at the end of the year
			From	To				From	To			
SATYAWAN SINGH					NIL					NIL		0
MOHAN CHAND					NIL					NIL		0
SHIVAM SHUKLA					NIL					NIL		0
RAVI KANT PRASAD					NIL					NIL		0