FORM 1

(SEE RULE 14)

Name Of Establishment FUTURE ENTERPRISES COMPANY

Name of Employee ..... Date of I MONTH SEPT.2022

AME OF EMP.	CASUAL OR SICKNESS LEAVE					PRIVILEGE LEAVE						
	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	Total of Leaves	Balance at the end of the year
			From	To				From	To			
ATYAWAN										NIL		10
MOHAN CHAND										NIL		10
HIVAM										NIL		4
AVI KANT										NIL		9