FORM 1

(SEE RULE 14)

Name Of Establishment ..... FUTURE ENTERPRISES COMPANY

Name of Employee ..... AS MENTIONED

Month. **Jun-23**

	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			
VAN SINGH					NIL					NIL		
CHAND					NIL					NIL		

FUTURE ENTERPRISES CO. (Regd.) 9811092552