FORM 1

(SEE RULE 14)

Name Of Establishment ..... FUTURE ENTERPRISES COMPANY

Name of Employee ..... AS MENTIONED

Month. **Nov-24**

S.NO	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			
SATYAWAN SINGH					NIL					NIL		
MOHAN CHAND					NIL					NIL		
SANJAY					NIL					NIL		
ATUL UTKARSH					NIL					NIL		
RAHUL												