

FORM 1												
(SEE RULE 14)												
Name Of Establishment				FUTURE ENTERPRISES COMPANY								
Name of Employee				AS MENTIONED								
Month.	Dec-24											
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 partially	Leave Availed		Total Leave Availed	Total of Leaves	Balance at the end of the year
			From	To				From	To			
SATYAWAN SINGH					NIL					NIL		
MOHAN CHAND					NIL					NIL		
SANJAY					NIL					NIL		
ATUL UTKARSH					NIL					NIL		
RAHUL												

