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	FORM 1											
	(SEE RULE 14)											
	Name Of Establishment …….		FUTURE ENTERPRISES COMPANY									
	Name of Employee ……..		AS MENTIONED									
	Month.	**Jan-24**										
	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
S.NO			From	To				From	To			
SATYAWAN SINGH					NIL					NIL		
MOHAN CHAND					NIL					NIL		
SANJAY					NIL					NIL		
ATUL UTKARSH					NIL					NIL		
RAHUL												