

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **ANKIT**

Address:D-288-89,STREET NO-10,CHAMBER NO-315,WADHWA COMPLEX, LAXMI NAGAR,DELHI-110092

Father's/Husband's Name **SH SHER SINGH**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1258**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.40				1.40						
Total			0.00	1.40				1.40						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **VIVEK KUMAR**

Father's/Husband's Name **SH.SATYA PAL SINGH**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1259**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.40				2.80						
Total			0.00	2.80				2.80						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **SANJAY KUMAR**

Father's/Husband's Name **SHIV PRASAD**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1260**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.50				4.30						
Total			0.00	4.30				4.30						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **RAHUL KUMAR**

Father's/Husband's Name **SH. GORAKH PRASAD**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1261**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.40				5.70						
Total			0.00	5.70				5.70						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **YOGESH SINGH**

Father's/Husband's Name **DEVENDRA SINGH**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1263**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.35				7.05						
Total			0.00	7.05				7.05						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **JAGRAM**

Father's/Husband's Name **MALKHAN**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1264**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.45				8.50						
Total			0.00	8.50				8.50						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **PAWAN KUMAR**

Father's/Husband's Name **JANAK NISHAD**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1265**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.45				9.95						
Total			0.00	9.95				9.95						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **DHARAMVEER**

Father's/Husband's Name **LATE SH.RAM GOPAL**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1266**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.45				11.40						
Total			0.00	11.40				11.40						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **AJAY KUMAR**

Father's/Husband's Name **OM PRAKASH RUHELA**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1267**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.40				12.80						
Total			0.00	12.80				12.80						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **BHART CHOPRA**

Father's/Husband's Name **DHARAMPAL CHOPRA**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1268**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.40				14.20						
Total			0.00	14.20				14.20						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **NOBLE KISHOR MOHANTY**

Father's/Husband's Name **RAM KISHORE MOHANTY**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1269**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.45				15.65						
Total			0.00	15.65				15.65						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **KRAMVIR**

Father's/Husband's Name **KRISHAN LAL**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1270**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.45				17.10						
Total			0.00	17.10				17.10						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **KHUSHWANT**

Father's/Husband's Name **VASDEV SAGAR**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1271**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.40				18.50						
Total			0.00	18.50				18.50						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **ARJUN GUPTA**

Father's/Husband's Name **SUBEDAR GUPTA**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1272**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.45				19.95						
Total			0.00	19.95				19.95						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **SUDHAKAR PANDEY**

Father's/Husband's Name **JAINATH PANDEY**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1273**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.40				21.35						
Total			0.00	21.35				21.35						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **BAL KISHAN**

Father's/Husband's Name **RAJ SINGH**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1274**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.50				22.85						
Total			0.00	22.85				22.85						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **DINESH**

Father's/Husband's Name **KRISHAN**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1275**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.45				24.30						
Total			0.00	24.30				24.30						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **HARSH SIWACH**

Father's/Husband's Name **VINAY KUMAR**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1276**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.45				25.75						
Total			0.00	25.75				25.75						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **NEERAJ KUMAR**

Father's/Husband's Name **SUNIL KUMAR**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1277**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				0.75				26.50						
Total			0.00	26.50				26.50						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **KAMALJEET**

Father's/Husband's Name **SUNIL KUMAR**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1278**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.35				27.85						
Total			0.00	27.85				27.85						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **SHIVAM**

Father's/Husband's Name **TEJPAL SINGH**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1279**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.40				29.25						
Total			0.00	29.25				29.25						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **KRISHNA KASHYAP**

Father's/Husband's Name **ANIL KUMAR**

Registration no. _____

Date of Appointment: **01/06/2024** Code **1280**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.45				30.70						
Total			0.00	30.70				30.70						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **MONU**

Father's/Husband's Name **RAJENDER**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1282**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.45				32.15						
Total			0.00	32.15				32.15						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **HIMANSHU DIXIT**

Father's/Husband's Name **DEVESH DIXIT**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1283**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.45				33.60						
Total			0.00	33.60				33.60						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **BHUPENDER KUMAR**

Father's/Husband's Name **LATE SH.BANWARI LAL**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1284**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.50				35.10						
Total			0.00	35.10				35.10						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **KUNAL KUMAR KATARIA**

Father's/Husband's Name **ARUN KUMAR KATARIA**

Registration no. _____

Date of Appointment: **01/06/2024**

Code **1285**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.45				36.55						
Total			0.00	36.55				36.55						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **SONU SHARMA**

Father's/Husband's Name **JAIVEER PRASAD**

Registration no. _____

Date of Appointment: **19/07/2024**

Code **1299**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.50				38.05						
Total			0.00	38.05				38.05						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **ADITYA VASHISHTH**

Father's/Husband's Name **RAJEEV KUMAR**

Registration no. _____

Date of Appointment: **21/08/2024**

Code **1314**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.50				39.55						
Total			0.00	39.55				39.55						

FORM XXV

[See Rule 29(6)]

Register of Leave From dt.:01/06/2025 To 30/06/2025

Name of the Establishment/Shop **SATYAM ENTERPRISES**

Name of the employee: **ANIL KUMAR CHOUDHARY**

Father's/Husband's Name

Registration no. _____

Date of Appointment: **01/05/2025**

Code **1404**

Date of application	Applied from dated	To	No. of days	No. of days to which the employee is entitled	Leave granted from dt.	To	No. of days	Balance	If refused in part or full from Dt.	To	No. of days	Reasons	Signature of Employee	Signature of Employer
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
01/06/2025				1.45				41.00						
Total			0.00	41.00				41.00						