FORM 9
(Refer rules 15 & 16)
List of Applications for inclusion of name received in Form 6

Designated location identity (where applications have been received) 1. Listnumber@		Constituency (Assembly/Parliamentary): KANNUR 2.Period of receipt of applications (covered in this list)		Revision identity	
				From date 04/11/2024	To date 04/11/2024
3. Place of hearing *					
Date of receipt	Name of claimant	Name of Father/Mother/ Husband and (Relationship)#	Place of residence	Date of hearing*	Time of hearing*
2	3	4	5	6(a)	6(b)
04/11/2024	MUHAMMED RIZWAN	RASHID KP (MTHR)	PUTHIYANDI HOUSE, URUVACHAL, KANNUR, CHOVVA, 670006, KANNUR		
04/11/2024	KUNHI KATHIRI M P	MUHAMMED PUNNAKKAN (FTHR)	K T P HOUSE,, SADDAM ROAD,, KANNUR, PAYANGADI RS MADAYI, 670358, KERALA		
In case of Union territories having no Legislative Assembly and the State of ammu and Kashmir For this revision for this designated location Place, time and date of hearings as fixed by electoral registration officer Running serial number is to be maintained for each revision for each designated ocation Give relationship as F-Father, M-Mother, and H-Husband with in brackets i.e. F), (M), (H)			Date of exhibition at designated location under rule 15(b)	Date of exhibition at Electoral Registration Officer's Office under rule16(b)	
	Date of receipt 2 04/11/2024 04/11/2024 es having no Legislative A designated location earings as fixed by elector to be maintained for each	Date of receipt Name of claimant 2 04/11/2024 MUHAMMED RIZWAN 04/11/2024 KUNHI KATHIRI M P es having no Legislative Assembly and the State of designated location earings as fixed by electoral registration officer to be maintained for each revision for each designated	Date of receipt Name of claimant Father/Mother/ Husband and (Relationship)# 2 3 4 04/11/2024 MUHAMMED RIZWAN RASHID KP (MTHR) 04/11/2024 KUNHI KATHIRI M P MUHAMMED PUNNAKKAN (FTHR) es having no Legislative Assembly and the State of designated location earings as fixed by electoral registration officer to be maintained for each revision for each designated	Date of receipt Name of claimant Rame of Father/Mother/ Husband and (Relationship)# Place of residence 1	Date of receipt Name of claimant Father/Mother/ Husband and (Relationship)# Place of residence Date of hearing* 1