FORM 9 (*Refer rules 15 & 16*)

1. Listnumber@ Place of hearing * Serial number\$	ne of claimant Fatl Hu	Name of Place resident and lationship)#	06/11/20 re of Date of	024 06/11/2024 of Time of
Serial number\$ Date of receipt Nam of application	Fatl Hu (Re	her/Mother/ residentsband and		
	Hu (Re	sband and	lence hearing	g* hearing*
1 2	3			
		4 5	5 6(a)	6(b)
In case of Union territories having no Legislative Assembly mmu and Kashmir For this revision for this designated location Place, time and date of hearings as fixed by electoral registr. Running serial number is to be maintained for each revision cation Give relationship as F-Father, M-Mother, and H-Husband w (7), (M), (H)	ation officer for each designated	Date of exl designated und rule 1	d location Date der Regist	e of exhibition at Electoral ration Officer's Office under rule16(b)