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

|                                                                                                                                                                                                                                                                                                                                                                                                                              | Constituency (Assembly/Parliamentary):  KOTHAMANGALAM                                                     |                                                                                                                                                                                                  |                                                                                                                                                                                                                                                              | Revision identity                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| 1. Listnumber@                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                           | 2.Period of receipt of applications (covered in this list)                                                                                                                                       |                                                                                                                                                                                                                                                              |                                                                                     | To date <b>06/11/2024</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           |                                                                                                                                                                                                  | -                                                                                                                                                                                                                                                            |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Date of receipt                                                                                                                                                                                                                                                                                                                                                                                                              | Name of claimant                                                                                          | Name of<br>Father/Mother/<br>Husband and<br>(Relationship)#                                                                                                                                      | Place of residence                                                                                                                                                                                                                                           | Date of<br>hearing*                                                                 | Time of<br>hearing*                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                            | 3                                                                                                         | 4                                                                                                                                                                                                | 5                                                                                                                                                                                                                                                            | 6(a)                                                                                | 6(b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 06/11/2024                                                                                                                                                                                                                                                                                                                                                                                                                   | RINI SABU                                                                                                 | SABU (FTHR)                                                                                                                                                                                      | PULICKALKUNNEL,<br>PULIYANPARA,<br>KUTTAMANGALAM,<br>NELLIMATTOM,<br>686693,<br>KOTHAMANGALAM                                                                                                                                                                |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| E In case of Union territories having no Legislative Assembly and the State of Jammu 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<br>Registration Officer's Office under<br>rule16(b) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                            | 2 06/11/2024  having no Legislative A esignated location rings as fixed by elector be maintained for each | 2 3 06/11/2024 RINI SABU  having no Legislative Assembly and the State of esignated location rings as fixed by electoral registration officer be maintained for each revision for each designate | Father/Mother/ Husband and (Relationship)#  2 3 4  06/11/2024 RINI SABU SABU (FTHR)  having no Legislative Assembly and the State of esignated location rings as fixed by electoral registration officer be maintained for each revision for each designated | Father/Mother/ Husband and (Relationship)#  2                                       | Father/Mother/ Husband and (Relationship)#  2 3 4 5 6(a)  06/11/2024 RINI SABU SABU (FTHR) PULICKALKUNNEL, PULIYANPARA, KUTTAMANGALAM, NELLIMATTOM, 686693, KOTHAMANGALAM  having no Legislative Assembly and the State of esignated location rings as fixed by electoral registration officer be maintained for each revision for each designated  Father/Mother/ Husband and (Relationship)#  PULICKALKUNNEL, PULIYANPARA, KUTTAMANGALAM  Date of exhibition at designated location under rule 15(b)  Pulickalkunnel, Pulick |