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): VAIKOM 2.Period of receipt of applications (covered in this list)			Revision identity	
					To date 06/11/2024	
			_			
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)	
06/11/2024	ANNU DOMINIC	DOMINIC M J (FTHR)	264,MOOLAYIL, CHALAPARAMBU, NADUVILE, VAIKOM P O, 686141, VAIKOM			
06/11/2024	ANIJA P S	SABU P D (FTHR)	9/3 PANICHERIYIL, IRUMPAYAM, VELLOOR, IRUMPAYAM P O, 686605, VAIKOM			
E In case of Union territories having no Legislative Assembly and the State of Jammu and Kashmir © For this revision for this designated location F Place, time and date of hearings as fixed by electoral registration officer E Running serial number is to be maintained for each revision for each designated ocation F 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 06/11/2024 06/11/2024 ies having no Legislative A servings as fixed by electors to be maintained for each	Date of receipt Name of claimant 2	Date of receipt Name of claimant Pather/Mother/ Husband and (Relationship)# ANNU DOMINIC Dominic M J (FTHR) Name of pather/Mother/ Husband and (Relationship)# ANNU DOMINIC DOMINIC M J (FTHR) Dominic M J (FTHR) Sabu P D (FTHR) See shaving no Legislative Assembly and the State of see designated location learnings as fixed by electoral registration officer see to be maintained for each revision for each designated	Date of receipt Name of claimant Place of residence Name of Father/Mother/ Husband and (Relationship)# Place of residence ANNU DOMINIC DOMINIC M J (FTHR) O6/11/2024 ANNU DOMINIC DOMINIC M J (FTHR) O6/11/2024 ANIJA P S SABU P D (FTHR) O6/11/2024 ANIJA P S SABU P D (FTHR) O6/11/2024 ANIJA P S SABU P D (FTHR) Date of exhibition at designated location under rule 15(b)	Date of receipt Name of claimant Name of Father/Mother/Husband and (Relationship)# Place of residence Date of hearing*	