	List of Appli	FORM (<i>Refer rule</i>) ications for Shifting of Address	s 15 & 16)	ed in Form 8		
Designated location identity (where applications have been received)		Constituency (Assembly /£Parliamentary): KAZHAKKOOTTAM		Revision identity		
1. List number@		2. Period of receipt of applications (covered in this list)		From date 07/11/2024		To date 07/11/2024
3. Place of hearing*		-				
Serial number \$ of application	Date of receipt	Name of elector objection/ making application	New Address (Present place of ordinary residence)		Date/Time of hearing*	
1	2	3	4		5	
1	07/11/2024	Sneha Haridas	TC 8/1504/1 SIVAPRIYA, ARCHANA NAGAR D 41, MEDICAL COLLEGE P O, MEDICAL COLLEGE, THIRUVANANTHAPURAM, 695011			
£ In case of Union Territories having no Legislative Assembly @ For this revision for this designated location * Place, time and date of hearing as fixed by electoral registration officer § Running serial number is to be maintained for each revision for each designated location			Date of exhibition at designated location under rule 15(1)(b)		Date of exhibition at Electoral Registration Officer's Office under rule 16(b)	