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): KONNI		Revision identity	
		2.Period of receipt of applications (covered in this list)			To date 09/11/2024
	-		-		_
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)
09/11/2024	Bincy Samuel	P K Samuel (FTHR)	Parampathathu, Nariyapuram P O, Vallicode, Nariyapuram, 689513, Kozhancherry		
09/11/2024	ADITHYA ASHOK	ASHOKAN E R (FTHR)	365, KOODAL, KOODAL, NEDUMONCAVU P O, 689693, KONNI		
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 K 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 Date of receipt 2 09/11/2024 09/11/2024 dis designated location hearings as fixed by electories to be maintained for each	Date of receipt Name of claimant 2 3 09/11/2024 Bincy Samuel 09/11/2024 ADITHYA ASHOK ries having no Legislative Assembly and the State of its designated location hearings as fixed by electoral registration officer is to be maintained for each revision for each designated	Date of receipt Name of claimant Pather/Mother/ Husband and (Relationship)# 2 3 4 09/11/2024 Bincy Samuel PK Samuel (FTHR) 09/11/2024 ADITHYA ASHOK ASHOKAN ER (FTHR) ries having no Legislative Assembly and the State of its designated location nearings as fixed by electoral registration officer is to be maintained for each revision for each designated	Date of receipt Name of claimant Name of Father/Mother/Husband and (Relationship)# Place of residence	Date of receipt Name of claimant Name of Father/Mother/Husband and (Relationship)# Place of residence Date of hearing*