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): THRISSUR			Revision identity	
		2.Period of receipt of applications (covered in this list)		From date 09/11/2024	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	ARCHANA M A	ASOKAN M M (FTHR)	MANAPPETTY HOUSE, NELLIKKUNNU VIA, KACHERY, EAST FORT P O, 680005, THRISSUR			
09/11/2024	ASOKAN M M	MADHAVAN (FTHR)	MANAPETTY HOUSE, NELLIKKUNNU VIA, KACHERY, P O EAST FORT, 680005, THRISSUR			
In case of Union territories having no Legislative Assembly and the State of ammu 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 Registration Officer's Office under rule16(b)		
	Date of receipt 2 09/11/2024 09/11/2024 ies having no Legislative A s designated location nearings as fixed by electors to be maintained for each	Date of receipt Name of claimant 2	THRISSUR 2.Period of receipt of applications (coverage) Date of receipt Name of claimant Name of Father/Mother/Husband and (Relationship)# 2 3 4 09/11/2024 ARCHANA M A ASOKAN M M (FTHR) 09/11/2024 ASOKAN M M MADHAVAN (FTHR) ies having no Legislative Assembly and the State of s designated location nearings as fixed by electoral registration officer s to be maintained for each revision for each designated	THRISSUR 2.Period of receipt of applications (covered in this list) Date of receipt Name of claimant Place of residence 1. Name of Father/Mother/Husband and (Relationship)# Place of residence 1. Name of Place of residence Place of residence Name of Place of residence Place of residence Name of Claimant Name of Claimant	THRISSUR 2.Period of receipt of applications (covered in this list) Prom date 09/11/2024 Date of receipt Name of claimant Rame of Father/Mother/ Husband and (Relationship)# Place of residence 1. Date of hearing* Date of hearing* ASOKAN M M (FTHR) MANAPETTY HOUSE, NELLIKKUNNU VIA, KACHERY, EAST FORT P.O., 680005, THRISSUR 1. Date of ASOKAN M M MADHAVAN (FTHR) MANAPETTY HOUSE, NELLIKKUNNU VIA, KACHERY, EAST FORT, OS 680005, THRISSUR Date of exhibition at designated location under rule 15(b) Date of exhibition at designated location free sto be maintained for each revision for each designated	

Nov 10, 2024, 12:03 AM