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): ERANAD 2.Period of receipt of applications (covered in this list)		Revision identity	
				From date 10/11/2024	To date 10/11/2024
			_		
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)
10/11/2024	MUMTAS BEEGAM YAKKIPARAMBAN	UBAID (HSBN)	thazhathveedan house, therattammal, urangattiri, urangattiri, 673639, eranad		
10/11/2024	RINSHA T V	UBAID T V (FTHR)	thazhathuveedan, therattammal, urangattiri, urangattiri, 673639, eranad		
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 B 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 10/11/2024 10/11/2024 ies having no Legislative as designated location earings as fixed by electors to be maintained for each	Date of receipt Name of claimant 2 10/11/2024 MUMTAS BEEGAM YAKKIPARAMBAN 10/11/2024 RINSHA T V ies having no Legislative Assembly and the State of st designated location earings as fixed by electoral registration officer to be maintained for each revision for each designated	Date of receipt Name of claimant Pather/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name	Date of receipt Name of Claimant Place of residence Name of Father/Mother/ Husband and (Relationship)# Date of receipt Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Date of residence Name of Father/Mother/ Husband and (Relationship)# Date of residence Name of Father/Mother/ Husband and (Relationship)# Date of residence Name of Father/Mother/ Husband and (Relationship)# Date of residence Name of Father/Mother/ Husband and (Relationship)# Date of residence Name of Father/Mother/ Husband and (Relationship)# Date of residence Name of Place of residence Name of Father/Mother/ Husband and (Relationship)# Date of cathered and the Abarband	ERANAD Imber@ 2.Period of receipt of applications (covered in this list) From date 10/11/2024 Date of receipt Name of claimant Father/Mother/ Husband and (Relationship)# Place of residence Date of hearing* 10/11/2024 MUMTAS BEEGAM YAKKIPARAMBAN UBAID (HSBN) thazhathveedan house, therattammal, urangattiri, urangattiri, of 37639, eranad 10/11/2024 RINSHATV UBAID TV (FTHR) thazhathveedan, therattammal, urangattiri, urangattiri, of 37639, eranad therattammal, urangattiri, urangattiri, urangattiri, of 37639, eranad as having no Legislative Assembly and the State of sees having no Legislative Assembly and the State of sees as fixed by electoral registration officer so to be maintained for each revision for each designated