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): PUTHUKKAD 2.Period of receipt of applications (covered in this list)			Revision identity	
					To date 11/11/2024	
	-		-			
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)	
11/11/2024	ESHA T D	HARIKRISHNAN E S (HSBN)	EDATHADAN HOUSE, DURBAPADAM, MUPLIYAM, INCHAKUNDU, 680312, CHALAKUDY			
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 \$ 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 11/11/2024 Les having no Legislative As designated location earings as fixed by electors to be maintained for each	Date of receipt Name of claimant 2	Date of receipt Name of claimant Puthukkad 2.Period of receipt of applications (cover father/Mother/Husband and (Relationship)# Research and the State of session as a sixed by electoral registration officer at to be maintained for each revision for each designated	Date of receipt Name of claimant Pather/Mother/ Husband and (Relationship)# Place of receipt of applications (covered in this list) Place of receipt residence Place of residence Durbapadam, House, Durbapadam, Mupliyam, Inchakundou, 680312, CHALAKUDY Place of residence Place of residence Date of exhibition at designated location under rule 15(b)	PUTHUKKAD Imber@ 2.Period of receipt of applications (covered in this list) From date 11/11/2024 Date of receipt Name of claimant Name of Father/Mother/ Husband and (Relationship)# Place of residence Date of hearing* 11/11/2024 ESHA T D HARIKRISHNAN E S (HSBN) HARIKRISHNAN E S (HSBN) Be having no Legislative Assembly and the State of sed designated location earings as fixed by electoral registration officer so be maintained for each revision for each designated	