## FORM 10

Designated location identity (where applications have been received)  1. Listnumber@		Constituency (Assembly/Parliamentary) THIRUVANANTHAPURAM  2. Period of applications (covered in this list)				Revision identity		
						From date 14/11/2024		To date <b>14/11/2024</b>
Place of hearing*  Serial number\$ of	Date of receipt	Name (in full) of objector	Particulars of name objected at (to)		Reasons in brief for objection	Date of hearing*	Time of hearing*	
application			Parts number	Serial number	Name in full			
1	2	3	4	5	6	7	8 (a)	8 (b)
1	14/11/2024	Sobhalatha Joseph	168	65	Marthal	Death		
2	14/11/2024	Sandha Kumari C	117	542	Sandha Kumari C	Permanently Shifted		
3	14/11/2024	Sobhalatha Joseph	168	94	Mary Thankam	Death		
4	14/11/2024	Hayarunnisa	154	651	Sainudeen	Death		
5	14/11/2024	Ayoobkhan	154	886	Maideenpicha	Death		
Flammu and Kashi For this revision in Place, time and da	mir for this designated l te of hearings as fix	Legislative Assembly an ocation ed by electoral registration ined for each revision for	ion officer	•	Date of exhibiti location und		Date of exhibit Registration C under ru	

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