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): KOTTAYAM		Revision identity	
		2.Period of receipt of applications (covered in this list)			To date 15/11/2024
			-		_
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)
15/11/2024	GOWTHAM.G AYYARAPALLIL	GIRISH.A A (FTHR)	Ayyarapallil, Aiyerkulangara, vaikom, Thekkenada, 686142, vaikom		
15/11/2024	OMANA P K	KUTTAN (FTHR)	1/290 PAPPALAYIL, PARAMPUZHA, VIJAYAPURAM VILLAGE, PARAMPUZHA P O, 686004, KOTTAYAM		
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 location # 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 15/11/2024 15/11/2024 ies having no Legislative A serings as fixed by electors to be maintained for each	Date of receipt Name of claimant 2 3 15/11/2024 GOWTHAM.G AYYARAPALLIL 15/11/2024 OMANA P K 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	Date of receipt Name of claimant Pather/Mother/ Husband and (Relationship)# ROTTAYAM 2.Period of receipt of applications (coverable) Name of claimant Rame of Father/Mother/ Husband and (Relationship)# ROTTAYAM 2.Period of receipt of applications (coverable) Sather/Mother/ Husband and (Relationship)# ROTTAYAM Name of claimant Name of Father/Mother/ Husband and (Relationship)# ANA PALLIL SITUATION (FTHR) Sather/Mother/ Husband and (Relationship)# ROTTAYAM Name of claimant Name	Date of receipt Name of claimant Place of residence Name of Father/Mother/ Husband and (Relationship)# Relationship Place of residence State State	Date of receipt Name of claimant Name of Father/Mother/Husband and (Relationship)# Place of hearing*