	List of Appl	FORM (<i>Refer rule</i>) lications for Shifting of Address		ed in Form8		
Designated location identity (where applications have been received)		Constituency (Assembly /£Parliamentary): THRIPUNITHURA		Revision identity		
1. List number@		2. Period of receipt of applications (covered in this list)		From date 16/11/2024		To date 16/11/2024
3. Place of hearing*						
Serial number \$ of application	Date of receipt	Name of elector objection/ making application	New Address (Present place of ordinary residence)			Date/Time of hearing*
1	2	3	4			5
1	16/11/2024	Uma Devi.L.V	379 AMBADI HOUSE, KANNANKULANGARA HOSPITAL ROAD, NADAMA VILLAGE, TRIPUNITHURA P O, KANAYANNUR, 682301			
£ In case of Union Territories having no Legislative Assembly @ For this revision for this designated location * Place, time and date of hearing as fixed by electoral registration officer § Running serial number is to be maintained for each revision for each designated location			Date of exhibition at designated location under rule 15(1)(b)		Date of exhibition at Electoral Registration Officer's Office under rule 16(b)	