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):  KASARAGOD		Revision identity	
		2.Period of receipt of applications (covered in this list)			To date <b>18/11/2024</b>
3. Place of hearing *					
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)
18/11/2024	SALIYA C H	ABDUL FARAD M M (HSBN)	11/458, ADHUR PALLAM HOUSE, ADHUR, ADHUR, 671543, KSARAGOD		
18/11/2024	SUMAYYA B M	MOHAMMED ASHRAF T K (HSBN)	SHANTHIPALLA HOUSE GOLIYADKA P O NIRCHAL, NIRCHAL, NIRCHAL, NIRCHAL P O, 671321, KASARAGOD		
E In case of Union territories having no Legislative Assembly and the State of fammu and Kashmir  © For this revision for this designated location  Felace, time and date of hearings as fixed by electoral registration officer  E Running serial number is to be maintained for each revision for each designated ocation  Federal 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 18/11/2024  18/11/2024  is designated location hearings as fixed by elector is to be maintained for each	Date of receipt  Name of claimant  2  18/11/2024  SALIYA C H  18/11/2024  SUMAYYA B M  ries having no Legislative Assembly and the State of its designated location hearings as fixed by electoral registration officer is to be maintained for each revision for each designate is to be maintained for each revision for each designate is to be maintained for each revision for each designate is to be maintained for each revision for each designate is to be maintained for each revision for each designate in the state of the stat	Date of receipt  Name of claimant  Pather/Mother/ Husband and (Relationship)#  Relationship)#  Name of claimant  Name of Father/Mother/ Husband and (Relationship)#  Relationship)#  Relationship in the state of the	Date of receipt  Name of claimant  Place of residence  Name of Father/Mother/ Husband and (Relationship)#  Relationship   Place of residence  Name of Father/Mother/ Husband and (Relationship)#  Relationship   Place of residence  Name of Father/Mother/ Husband and (Relationship)#  Relationship   Place of residence  Name of Father/Mother/ Husband and (Relationship)#  Relationship   Place of residence  Name of Father/Mother/ Husband and (Relationship)#  Name of Father/Mother/ PALLAM HOUSE, ADHUR, 671548,	Date of receipt   Name of claimant   Name of Father/Mother/Husband and (Relationship)#   Place of hearing*