## **FORM 9** (*Refer rules 15 & 16*)

Place of hearing *  Serial number\$ Date of receipt of application  1 2 3 4 5  In case of Union territories having no Legislative Assembly and the State of		Revision identity	
Serial number\$ Date of receipt Name of claimant Name of Father/Mother/ Husband and (Relationship)#  1 2 3 4 5  In case of Union territories having no Legislative Assembly and the State of	From date 30/10/2024 3		To date <b>30/10/202</b> 4
Husband and (Relationship)#  1 2 3 4 5  In case of Union territories having no Legislative Assembly and the State of	Date of hearing*		Time of hearing*
In case of Union territories having no Legislative Assembly and the State of	nouring .	ican ing	iicaring
In case of Union territories having no Legislative Assembly and the State of	6(a)	6(a)	6(b)
In case of Union territories having no Legislative Assembly and the State of  Date of exhibition at			
For this revision for this designated location designated location		Date of exhibition at Elec Registration Officer's Offic rule16(b)	