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): KANNUR		Revision identity	
		2.Period of receipt of applications (covered in this list)			To date 31/10/2024
			-		
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)
31/10/2024	MUSANNIF EDATHARA	MOHAMMED KUNHI (FTHR)	BAITHUL KHAIR, MARAKKARKANDY, KANNUR, THAYYIL PO, 670003, KANNUR		
31/10/2024	SHAREEFA S K	MUSANNIF EDATHARA (HSBN)	BAITHUL KHAIR, MARAKKARKANDY, KANNUR, THAYYIL P O, 670003, KANNUR		
In case of Union territories having no Legislative Assembly and the State of ammu 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 ocation 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 31/10/2024 31/10/2024 dis designated location nearings as fixed by elector is to be maintained for each	2.Period of receipt Date of receipt Name of claimant 2 3 31/10/2024 MUSANNIF EDATHARA 31/10/2024 SHAREEFA S K ries having no Legislative Assembly and the State of its designated location nearings as fixed by electoral registration officer is to be maintained for each revision for each designated	Date of receipt Name of claimant Pather/Mother/ Husband and (Relationship)# Name of Sather/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Claimant Name of Father/Mother/ Husband and (Relationship)# Name of Claimant Name of Cla	Date of receipt Name of claimant Place of residence Name of Father/Mother/ Husband and (Relationship)# Report Musannif Edathara Shareefa S K MUsannif Edathara (HSBN) Shareefa S K Musannif Shareefa	Date of receipt Name of claimant Name of Father/Mother/Husband and (Relationship)# Place of hearing*