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): AIZAWL EAST I		Revision identity	
		2.Period of receipt of applications (covered in this list)			To date 08/12/2023
. 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)
08/12/2023	Hmingthansanga pachuau Hmingthansanga pachuau	Lallianmawii Lallianmawii (MTHR)	Flk-144, Near Falkland park, Aizawl, Rmb tantia,Zemabawk,, 796017, Falkland		
08/12/2023	Jennylalhmangaihsangi Jenny	Lallianmawii Lallianmawii (MTHR)	flk-144, Near Falkland park, Aizawl, Rmb tabtia,Zemabawk, 796017, Falkland		
E In case of Union territories having no Legislative Assembly and the State of Jammu and Kashmir © For this revision for this designated location Palace, 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 08/12/2023 08/12/2023 es having no Legislative Adesignated location earings as fixed by elector to be maintained for each	Date of receipt Name of claimant 2 08/12/2023 Hmingthansanga pachuau Hmingthansanga pachuau O8/12/2023 Jennylalhmangaihsangi Jenny es having no Legislative Assembly and the State of designated location earings as fixed by electoral registration officer to be maintained for each revision for each designate	Date of receipt Name of claimant Father/Mother/ Husband and (Relationship)# 2 3 Hmingthansanga pachuau Hmingthansanga pachuau O8/12/2023 Jennylalhmangaihsangi Jenny Lallianmawii Lallianmawii Lallianmawii Lallianmawii (MTHR) es having no Legislative Assembly and the State of designated location earings as fixed by electoral registration officer to be maintained for each revision for each designated	Date of receipt Name of claimant Rame of Father/Mother/ Husband and (Relationship)# Place of residence 1	Date of receipt Name of claimant Name of Father/Mother/ Husband and (Relationship)# Place of residence Date of hearing* 1