

**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)                                                                                                                                                                                                                                                                                                                                                                 |                                                            | Constituency (Assembly/Parliamentary):<br><b>GAMBEGRE</b> |                                                                       |                                                              | Revision identity                                                             |                             |
| 1. Listnumber@                                                                                                                                                                                                                                                                                                                                                                                                                       | 2.Period of receipt of applications (covered in this list) |                                                           |                                                                       | From date<br><b>11/08/2026</b>                               | To date<br><b>11/08/2026</b>                                                  |                             |
| 3. Place of hearing *                                                                                                                                                                                                                                                                                                                                                                                                                |                                                            |                                                           |                                                                       |                                                              |                                                                               |                             |
| <b>Serial number\$<br/>of application</b>                                                                                                                                                                                                                                                                                                                                                                                            | <b>Date of receipt</b>                                     | <b>Name of claimant</b>                                   | <b>Name of<br/>Father/Mother/<br/>Husband and<br/>(Relationship)#</b> | <b>Place of<br/>residence</b>                                | <b>Date of<br/>hearing*</b>                                                   | <b>Time of<br/>hearing*</b> |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>2</b>                                                   | <b>3</b>                                                  | <b>4</b>                                                              | <b>5</b>                                                     | <b>6(a)</b>                                                                   | <b>6(b)</b>                 |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                    | 11/08/2026                                                 | PRESINCHI M<br>SANGMA                                     | GAJING M MARAK<br>(FTHR)                                              | 04, KHERAPARA,<br>SANTOGRE,<br>GAMBEGRE, 794103,<br>GAMBEGRE |                                                                               |                             |
| £ In case of Union territories having no Legislative Assembly and the State of Jammu and Kashmir<br>@ For this revision for this designated location<br>* Place, time and date of hearings as fixed by electoral registration officer<br>\$ Running serial number is to be maintained for each revision for each designated location<br># 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) |                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                            |                                                           |                                                                       |                                                              |                                                                               |                             |