

**FORM – 26**  
**[(See Rule 51(2) (c)]**

**LIST OF CHALLENGED VOTES**

**Election to the District Council of .....Autonomous District**  
**from the .....District Council Constituency**

No. & Name of polling station .....

Serial number of entry	Name of elector	Part No. & Serial No. of the elector	Signature or thumb impression of the person challenged	Address of the person challenged	Name of Identifier, if any	Name of Challenger	Order of Presiding Officer	Signature of Challenger on receiving refund of deposit
1	2	3	4	5	6	7	8	9

Place .....

Date .....

Signature of Presiding Officer