

**ONLINE CONSUMER MEDIATION CENTRE**  
**(Under the Aegis of Ministry of Consumer Affairs, Government of India)**  
**NATIONAL LAW SCHOOL OF INDIA UNIVERSITY, BENGALURU**  
**APPLICATION FORM FOR EMPANELMENT OF MEDIATORS**

Name		Please attach your passport size photo here
Permanent Address		
Office Address		
Email		
Mobile No. Land phone no. Fax		
Date of Birth		
Nationality		
Educational Qualification		

Professional Qualification and Years of Experience	
Professional Training in Mediation (Attach photocopy of the Certificate)	
Experience in Mediation	
Membership in Professional Bodies	

I hereby acknowledge that the abovementioned facts are true to the best of knowledge and information. I request you to consider my name for empanelment as mediator and if selected, I will abide with the Rules and Code of Conduct of Online Consumer Mediation Centre at all times.

Place:

Date:

Signature