

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 | | |

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|--|--|
| 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