

APPLICATION TO RECOGNIZE A MEDIATION CENTRE

[See Rule 2(2)]

Name of the Centre						
Type of Organization	Company	Statutory Corporation	Other (please specify)			
Address of the Centre						
Focal Person						
NTN Certificate						
Office Phone			Fax			
Email			Website	www.		
OFFICE AND ONLINE FACILITY DETAILS						
(Please provide details of the facility where the face-to-face mediation will take place along with supporting photographs in color)						
No. of Rooms alongwith color photographs of each room			Purpose of each Room			
Head of the Centre			Qualification of the head			
Email			Mobile Phone Number			
Audio / Visual Equipment Available			Number of Computers and Printers available			
Internet / DSL Provider			Online ADR Software Platform			
List of empaneled mediators (Centre must have minimum five (5) accredited mediators)						
Sr. #	Mediator Name and Cell No.	Mediator Registration No.	Date of Registration and Re-	Name of Mediation Accreditation Authority of	Profession	Three Areas of Expertise

			registration of Mediator	Mediator		
1.						
2.						
3.						
4.						
5.						

1. Code of conduct
Yes No If yes, please attach copy
2. Fee structure / schedule
Yes No If yes, please attach copy
3. Complaints Handling and Feedback
Yes No If yes, please attach copy of proof
4. Guidelines for allocation of mediators
Yes No If yes, please attach copy of proof
5. Confidentiality Procedures
Yes No If yes, please attach copy of proof
6. International affiliation
Yes No If yes, please attach copy of proof
7. Facility Description i.e. Office, Reception/Common Area/Breakout Rooms etc. (Attach detail separately)
8. Support Staff Description such as case manager and other staff (Attach detail separately)
9. Centre's Registration Fee: __ (Attach evidence of payment Rs. 10,000/-)
10. Centre's Annual Re-registration Fee: _____ (Attach evidence of payment of Rs.2,000/-)
11. PLEASE NOTE: The Mediation Centre must demonstrate (in writing and by photographic evidence) that the physical layout of the designated mediation facility is capable of handling the mediation process and subject to a positive Site Inspection Report carried out by the concerned Officer(s) authorized by the accreditation committee.

Declaration by Authorized Representative of the Mediation Centre

We confirm that the information we have submitted on this form is correct and complete; and we understand that any false information could result in our application being rejected.

We further confirm that the Panel Mediators, Management and Staff at the Center have never been booked in any type of criminal case or faced contempt of court proceeding before any court of law during last five years.

Signature of duly Authorized Representative of Mediation Centre

Documents to be attached:

1. Copy of Charter Document (Memorandum and Articles of Association, certificate of incorporation etc.)
 2. Copy of NTN Certificate of Mediation Center
 3. Copy of declaration by Authorized Representative of Mediation Centre
 4. Copy of international affiliation certificate, if any
 5. Registration Fee payment evidence
 6. Mediators' Fee schedule
 7. Copy of code of conduct
 8. Copy of Complaints Handling and Feedback
 9. Guidelines for Allocation of Mediators
 10. Copy of Confidentiality Procedures
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For Office Use Only:

Application Received on: _____

Site Inspection of Mediation Facility carried out on: _____

Application status: Granted Declined Re-apply after Six (6) Months

Mediation Centre Registration No: _____

Approval Authority: