



COMMUNITY MEDIATOR ORIENTATION PROGRAM



Name:

Date of Birth/ Age: Nationality:

Marital Status: Male: Female:

Address:

Tel / Mobile: Email:

Academic Qualifications: *(Mention the highest qualification)*

Occupation:

Work Experience: *(Attach separate sheets if required)*

Languages Known:

1.	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
2.	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak
3.	<input type="checkbox"/> Read	<input type="checkbox"/> Write	<input type="checkbox"/> Speak

Fee: Rs. 8000/- + 18% GST

Payment by: Cash Online Cheque Draft

*(Cheque/Draft in favour of Indian Institute of Arbitration & Mediation payable at Cochin, India
For online payment log on to www.arbitrationindia.org/payment.html
For bank transfer details see; www.arbitrationindia.org/bt.html)*

How did you know about this program?
Directly from IIAM Referred by others

If referred, name of referrer:

Whether applying directly or by sponsorship: Direct Sponsorship

If by sponsorship, name of sponsor:

A brief Resume: *(Attach separate sheet)*

Statement of Purpose indicating your interest in mediation / Analyze your qualities to become a good mediator:

Have you attended any trainings or courses related to mediation or negotiation before? If yes, please specify:

Have you been convicted of any crime? Yes No

If yes, please explain*:

Would you like to empanel as a Mediator with IIAM, If empanelled, which of the following timings are suitable to you for mediation?

Yes No
 Weekdays Weekends
 Anytime On request

TERMS & DECLARATION:

All information provided herein are true and correct. In the event of any incorrect or misleading information, my application or certification shall be liable for cancellation at any time and I shall not be entitled to any claim for readmission / reimbursement / certification.

No employment or recruitment or work is guaranteed by IIAM pursuant to completion of this program. After successful completion, the participant is willing to be empanelled as an IIAM Community Mediator in a CMS Clinic near to the place of the participant, if such Clinic is available.

All or some of the information provided herein may be used by IIAM for preparing the profile of the participant when empanelled as a Mediator with IIAM and the details may be provided in the IIAM website.

Cancellation by participant must be made in writing and received 2 weeks before the course. It is regretted that no refund will be made after this date and the full registration fee will be payable.

IIAM reserve the right to cancel a program if it is under subscribed or for any other reason. In the event of cancellation, IIAM will endeavour to give participants 1 week notice and the fee will be refunded in full. IIAM cannot be held liable for any pre booked travel or accommodation costs however. Jurisdiction for all matters shall be Ernakulam, Kerala.

Signature:

Date:

- No column should be left blank
- All entries to be made in block letters
- Attach separate sheets if required

Applications complete in all respects should be sent to:
 Indian Institute of Arbitration & Mediation,
 G-254, Panampilly Nagar, Cochin 682 036, Kerala, INDIA
 Tel: 0484 4017731 | 6570101 or
 mail to training@arbitrationindia.com

For Office Use:

Application received on:

Enrolment No. Allotted: _____