

**OFFICE OF THE CHAIRMAN, DISTRICT LEGAL SERVICES AUTHORITY,
HAMIRPUR, DISTRICT HAMIRPUR, H.P.**



No.DLSA/HMR/Mediator/2024- 3787-3791
Dated: 29th July, 2024



ADVERTISEMENT NOTICE


Applications are hereby invited from the Bar Members of District Hamirpur, HP, having at least 10 years practice, for empanelment as Mediator for the court at Bhoranj who are interested to undergo 40 hours Mediation Training. The interested lawyers may submit their applications in the office of Secretray, District Legal Services Authority, Hamirpur, HP on or before 31.07.2024 by 5:00 PM positively on the enclosed format.


Chairman,
District Legal Services Authority,
Hamirpur, HP

Endst.No. DLSA/(HMR)/Mediator/2024- 3787-3791
Copy forwarded to:-

Dated: 29.07.2024

1. The Id. Senior Civil Judge-cum-ACJM, Hamirpur, HP additional charge of Bhoranj Court for information and necessary action with the request to affix a copy of the same on their Notice Board.
2. The President, Bar Association Bhoranj and Hamirpur, HP for information and necessary action with the request to affix a copy of the same on the Notice Board and circulate the same amongst the members of your respective Bar.
3. The Assistant Programmer of the office of Ld. District and Sessions Judge, Hamirpur, HP for information and necessary action with the direction to upload the same on the website of District Court.
4. Notice board of this office.


Chairman,
District Legal Services Authority,
Hamirpur, HP

Application form for Empanelment as Mediator

1. Name : _____

2. Address

(a) Office : _____

(b) Residence : _____

3. Contact Details : Cell: _____ Phone No. _____

Fax No. _____ E-mail _____

4. Educational Qualification : _____

5. Status :

Please tick for whichever
is Applicable

Retired Judge of Supreme Court /High
Court/Retired District Judge or
equivalent/Legal Practitioners/Experts/
Professional/Retired Bureaucrats/Retired
Executives.

(A) If Legal Practitioner

Date of Enrollment &

No. and Bar : _____

Area of Practice : _____

(Civil, Criminal, etc.)

(B) If Expert, Professional, etc

Please specify details,

if any : _____

I, _____, solemnly declare that my information given in the aforesaid
columns are true and correct and I will not charge any extra amount other than the
amount fixed towards mediator's fees.

Date:

Signature of Applicant

Remarks of recommending officer

(Signature)

Name and Designation of
Recommending Officer

Date: