



OFFICE OF DISTRICT & SESSIONS JUDGE-CUM-CHAIRMAN
DISTRICT LEGAL SERVICES AUTHORITY, SONEPAT
(Helpline No. 0130-2220057, Email Id:- dlsa-snp@hry.gov.in)

No. 5067 /- Dated 12/08/2026 /-

NOTICE

It is hereby informed to all the learned Advocates practicing in District Sonipat that the Hon'ble Member Secretary, Haryana State Legal Services Authority (HALSA), Panchkula, is planning to organize a **40 Hours Mediation Training Programme**.

In this regard, this Authority has been requested to recommend the names of **five Advocates** from District Sonipat having **at least 10 years' standing at the Bar**. The recommendations are to be made after personal interaction with the candidates and assessment of their knowledge of the concept of mediation, articulation, confidence, and presentation skills. The selected names are required to be forwarded to HALSA, Panchkula by **14.08.2026**, so that the matter regarding imparting mediation training may be taken up with the Hon'ble Mediation and Conciliation Project Committee (MCPC), New Delhi.

Therefore, all eligible and interested Advocates having a minimum of 10 years' experience at the Bar are requested to submit their duly filled proforma along with relevant supporting documents and requisite details in the office of the District Legal Services Authority, Sonipat on or before **13.08.2026 up to 12:00 P.M.**

The personal interaction/interview of the eligible candidates shall be conducted on **13.08.2026 at 02:00 P.M.** in the Conference Hall of the ADR Centre, District Courts Complex, Sonipat.

All candidates appearing for the interview are directed to bring the **originals of all supporting documents/testimonials**, including proof of enrolment, experience at the Bar, identity proof, and other relevant certificates submitted along with the application, for verification at the time of interview.

Incomplete applications, applications received after the stipulated date and time, or candidates failing to produce the original documents at the time of interview shall not be considered.

District & Sessions Judge-Cum-Chairman,
District Legal Services Authority,
Sonipat.

[Handwritten signature and date]
12 Aug 2026

DISTRICT LEGAL SERVICES AUTHORITY, SONIPAT

APPLICATION FORM

For Recommendation to the 40 Hours Mediation Training Programme

1. **Name of Advocate (in Block Letters):** _____
2. **Father's/Husband's Name:** _____
3. **Date of Birth:** _____
4. **Enrollment Number and Date of Enrollment with Bar Council:** _____
5. **Total Standing at the Bar (as on 14.08.2026):** _____
6. **Name of Bar Association(s) of which the applicant is a member:** _____
7. **Office Address:** _____

8. **Residential Address:** _____

9. **Mobile Number:** _____
10. **E-mail Address:** _____
11. **Area(s) of Practice:** _____
12. **Whether empanelled as Legal Aid Counsel/Panel Lawyer (if yes, give details):**

13. **Experience in Mediation/Conciliation/ADR Proceedings (if any):**

14. **Details of any Mediation/ADR Training Programme attended earlier (if any):**

15. **Professional Achievements/Additional Qualifications, if any:**

16. **Whether any disciplinary proceedings have ever been initiated or are pending against you before any Bar Council?**

☐ Yes ☐ No

If yes, provide details: _____

17. Whether any criminal case involving moral turpitude is pending or has resulted in conviction against you?

☐ Yes ☐ No

If yes, provide details: _____

Documents Attached

- ☐ Self-attested copy of Bar Council Enrollment Certificate
- ☐ Certificate regarding standing at the Bar/Bar Association Membership
- ☐ Identity Proof
- ☐ Recent Passport Size Photograph
- ☐ Copies of ADR/Mediation Training Certificates (if any)
- ☐ Other relevant documents

Declaration

I hereby declare that the information furnished above is true and correct to the best of my knowledge and belief. I understand that mere submission of this application does not confer any right for selection/recommendation. I further undertake to produce the original documents for verification at the time of personal interaction/interview.

Date: _____

Place: Sonipat

(Signature of Applicant)

Name: _____