

Date:

The Director,  
Delhi Dispute Resolution Society,  
Department of Law, Justice & L. A.,  
Govt. Of NCT of Delhi,  
Ground Floor, B-Block, Vikas Bhawan-II,  
Civil Lines, New Delhi-110054

Sir,

I express my interest in attending 40 Hours Mediation Training to be organized by DDRS. The desired particulars and information are as under:-

1. Name -

2. Contact Address -

3. Phone No. -

4. E- Mail I.D. -

5. Date of Birth -

6. Qualification -

7. Experience -

(a) For Lawyers -

(i) Years of Practice & **Enrollment No.** -

(ii) Area(s) of Practice -

(b) For others

(i) Area(s) of service/profession -

(ii) Any other -

8. Any experience in Mediation/ADR:

9. Reason for wanting to attend the 40 Hours Mediation Training-

10. Any other information -

Please find enclosed herewith Identity & Address Proof alongwith Registration Certificate of mine as an Advocate.

(Signature)

Dated:-