



SCHEDULE 5: RESPONSE SUBMISSION FOR ADR THROUGH ARBITRATION/MEDIATION/CONCILIATION.

CASE TYPE

- Arbitration Case Mediation Case
- Conciliation Case Misc. Case.

CASE NO _____

I. PARTICULARS OF RESPONDENT/S

- i. Name
- ii. Address for communication.....
.....
- iii. Correspondence address for communication (if any).....
.....
- iv. Email id/s
- v. Telephone Nos. (Country code, local code and No.)
.....
- vi. Mobile Nos., if any (Country code, local code and No.).....
- vii. Name of the Counsel (If engaged)
- viii. Email of the Counsel.....
- ix. Mobile No of the Counsel.....

IV. RESPONSE TO ISSUES RAISED BY CLAIMANT/S

V. SPECIFIC REPLY TO STATEMENTS OF JURISDICTION

(Along with comments, if any, in response to any statements contained in the notice of Arbitration under Rule 3 or any comment with respect to the matters covered in such rules)

VI. SPECIFIC RESPONSE TO CLAIMS



W H I T E C O D E
V I A MEDIATION &
ARBITRATION CENTRE
Domestic • International • Online
Appropriate Disputes Resolution Judiciary

VII. LIST OF DOCUMENTS

VIII. LIST OF WITNESSES

IX. STATEMENT OF COUNTERCLAIM, IF ANY

i. Counter relief claimed

ii. Amount of counterclaim (if quantified)

iii. Interim relief, if any

iv. Statement of legal costs

v. List of Documents



W H I T E C O D E
V I A MEDIATION &
ARBITRATION CENTRE
Domestic • International • Online
Appropriate Disputes Resolution Judicatory

X. LIST OF AUTHORITIES CITED/ RELIED

XI. NOMINATION OF ARBITRATOR/S (Response to Claimant's nomination, if any)

I/we state that I/we have read and understood the Arbitration, Mediation and Conciliation Rules, VIA Mediation Centre Foundation (hereinafter referred to as VIA) and undertake to abide by the same and declare that they indemnify the Centre, its officers, staff, Executive Board members, Executives and the Mediator/s as per VIA Rules and undertake to pay the fees of the Centre and the Mediator. I/We do hereby agree to ratify and confirm all acts done by VIA or its authorized representative in the matter as my/our own acts, as if done by me/us to all intents and purposes.

Signature of Party/Parties:.....

.....

Place.....

Date.....

FOR THE USE OF THE REGISTRY

DATE OF REGISTRATION OF THE DISPUTE:

NATURE OF ADR: MEDIATION / CONCILIATION / NEUTRAL
EVALUATION COLLABORATIVE SETTLEMENT

NAME OF THE NEUTRAL:.....

COORDINATES OF THE NEUTRAL:.....

CATEGORY OF THE NEUTRAL:.....

Signature of Applicant:.....

Place.....

Date.....

For VIA Mediation Centre Foundation

Name of the Authorized Person :

Designation :

Signature of the Authorized Person :

Seal :

