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The Gazette of the Democratic Socialist Republic of Sri Lanka
EXTRAORDINARY

අංක 1813/8 - 2013 ජූනි මස 04 වැනි අඟහරුවාදා - 2013.06.04
No. 1813/8 - TUESDAY JUNE 04, 2013

(Published by Authority)

PART I : SECTION (I) — GENERAL

Government Notifications

Annexure 1

THE MEDIATION BOARDS ACT, No. 72 OF 1988

IT is hereby notified for General Information that the Mediation Boards Commission has, by virtue and in pursuance of the power vested in it by Section 5(1) of the Mediation Boards Act, No. 72 of 1988, appointed, with effect from the dates indicated against the names of the respective Mediation Board areas, a Panel of Mediators for each Mediation Board Area mentioned below comprising of the members specified under each such areas.

WASANA P. GUNARATHNA,
Acting Secretary,
Mediation Boards Commission.

Office of the Mediation Boards, Commission,
(Ministry of Justice),
3rd Floor,
Superior Courts Complex,
Colombo 12,
31st January 2013.

Following amendments should be effected to the particulars published in the *Gazette Extraordinary* dated 26.09.2012.

01. Particulars in the list of appointments of the Mediation Panel Board mentioned under serial No. 03 of Mediation Panel Board, Sammanthurai - Ampara District 232 should come under Serial No. 01 as follows ;
and
02. Particulars published in the *Gazette Extraordinary* dated 06.02.2013 of the list of appointments of the Mediation Panel Board mentioned under Serial No. 02 should be amended as follows :

01. 232/08	Mr. U. L. Mahroof	Sinnappalli Road, Sammanthurai	Vice Chairman
02. 232/07	Mr. M. Y. A. Jaleel	No. 16/C, Hijra 10th Lane, Sammanthurai	Member

Annexure 2

District	Mediation Board Area	Date on which the term of Office expires
1. Colombo	Moratuwa	15.04.2013
2. Kandy	Hatharaliyadda	15.04.2013
3. Galle	Yakkalamulla	01.04.2013
4. Trincomalee	Kuchchaweli	01.07.2012

Annexure 3

District *Mediation Board Area*

1. Trincomalee Morawewa (259)

Annexure 4

- * Date of Birth
- * National Identity Card Number
- * Telephone Number

FORM "A"

(To be filled up by individuals eligible to submit Nominations)

1. Mediation, Board Area of : _____,
2. Administrative District of : _____,
3. Particulars of the Individual submitting Nominations :

- | | |
|---|----------|
| (a) Your Name of Full : _____, | (b) Your |
| (b) Residential Address : _____, | (c) Your |
| (c) Capacity to submit the Nominations : _____, | (i) Are |

- (i) You the Head of Department ? Or the Local Head of a Department/ If so,
state the name of the Department : _____,
The location of your office : _____,
The post held by you : _____,

- (ii) Are you the Head of Place of worship? Or the Local Head of a Department ?

If so,
State its Name : _____,
Its Situation : _____,
The post held by you : _____,

- (iii) Are you a Retired Head of Department or a Retired Head of a School ? If So,

State its Name : _____,
The last post held by you : _____.
In which Mediation Board area you reside : _____,

4. Particulars of the Person who is being nominated by you :

- (a) His Name in Full : _____,
- (b) His Residential Address : _____,
- (c) Date of Birth : _____,
- (d) National Identity Card No.: _____,
- (e) Telephone No. : _____,
- (f) Is he a resident within the above Mediation Board area?
Or outside the said Mediation Board area : _____,
- (g) Is he engaged in any work within the said Mediation Board area?
Or outside the said area : _____,
- (h) Is he a Public Officer? If so, state the Office he holds : _____,

5. State your recommendation with reason therefore :—————,

.....
Signature,
(Seal if any).

Date :.....

FORM “B”

(To be filled up by the Secretary of the Body Organization or Institution eligible to submit Nominations)

1. Mediation, Board Area of :—————,
2. Administrative District of :—————,
3. Particulars of the Body Organization or Institution submitting the Nominations :—————,

- (a) Its Name :—————,
- (b) Its Registered/ Official address :—————,
- (c) Date of its Registration or Establishment :—————,
- (d) Period for which it has been in existence :—————,
- (e) Objectives it is engaged in carrying out of serving :—————,

4. Particulars of the Person who is being nominated :

- (a) His Full Name :—————,
- (b) His Residential Address :—————,
- (c) Date of Birth :—————,
- (d) National Identity Card No. :—————,
- (e) Telephone No. :—————,
- (f) Is he a resident within the above Mediation Board area?
Or outside the said Mediation Board area :—————,
- (d) Is he engaged in any work within the said Mediation Board area?
Or outside the said area :—————,
- (e) Is he a Public Officer? If so, state the Office he holds :—————,

5. Has the Body, Organization or Institution passed a Resolution authorizing his Nominations ? If so,
State the date of such Resolution :—————,

6. State the recommendations of the Body, Organization or Institution with reasons therefore :—————,

.....
Signature of Secretary
(Seal of Body, Organizations or Institution).

Date :.....

FORM "C"

(To be filled up by the District Secretary to submit Nominations)

1. Mediation, Board Area of :————,
2. Administrative District of :————,
3. Particulars of the District Secretary submitting the Nomination :————.
 - (a) Your Name in Full :————,
 - (b) Your Official address :————,
 - (c) Administrative District of which you are the District Secretary :————,
4. Particulars of the Officer who is being nominated :
 - (a) His Full Name :————,
 - (b) Date of Birth :————,
 - (c) National Identity Card No. :————,
 - (d) Telephone No. :————,
 - (e) Is he a Public Officer ? If so, state office held by him :————,
 - (f) His official address :————,
5. Your recommendation with reasons therefore :————,

.....
Signature
(Seal).

Date :.....