Appendix 1Hostel accommodation application format

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **F:\KARU\PERS\Sacon_Logos\Sacon_logo.JPG** | | **Sálim Ali Centre for Ornithology and Natural History**  **Anaikatty, Coimbatore -641108** | | | | | | | | | | | | | | | |
| **Application For Hostel Accommodation** | | | | | | | | | | | | | | | Affix your  Passport Size  Photo |
| 1. Full Name | | | : | | | | | | | | | | | | | |
| 2. Aadhaar No | | | : | | | | | | | | | | | | | |
| 3.Date of Birth | | | :. | | | | | 4. Sex: | |  | | Male |  | | Female | |
| 5. Mobile No. | | | : | | | | | 6. Email id : | | | | | | | | | |
| 7. Category | | |  | SACON Student | | |  | Other Institution(specify) ……………………………… | | | | | | | | | |
| 8. Designation | | | : RA/ SRF/ JRF/ TA/ Intern/ Others (specify) …………………………………………… | | | | | | | | | | | | | | |
| 9. Permanent address with pin code : | | | | | | | | | 10. Address for Communication with pin code: | | | | | | | | |
| 11. Name of the Parent/ Local Guardian & Contact Number (s): | | | | | | : | | | | | | | | | | | |
| 11. Name of the PI/ Supervisor/ Recommending faculty at SACON | | | | | | : | | | | | | | | | | | |
| 12. Name of the Project/Programme\* | | | | | | : | | | | | | | | | | | |
| \* If working in SACON’s Projects/Programmes please attach copy of your appointment/ engagement letter | | | | | | | | | | | | | | | | | |
| 13. Proposed Duration of stay- dates | | | | | | From: | | | | | | | | | | To : | |
| 14. Purpose of Stay | | | | | | : | | | | | | | | | | | |
| I hereby declare that the information furnished above is true to the best of my knowledge and solemnly undertake that, I shall abide by the rules and regulations of SACON during my stay at Hostel and clear all the dues if any, before vacating the rooms. | | | | | | | | | | | | | | | | | |
| Date: …………… | | | | | | | | | | | | | | Signature of Applicant | | | |
| 15. Recommendation/ Remarks by PI/Supervisor/ Faculty in-charge:  Date: …………… | | | | | | | | | | | | | | Signature of PI/ Supervisor | | | |
| 16. Remarks by Hostel Warden/Asst. Warden:  □ Approved □ Not Approved | | | | | | | | | | | | | | | | | |
| Date: | …………… | | | | | | | | | | | | | Signature of Hostel warden | | | |
| □ Forwarded to the Finance Officer and requested to receive Advance rent/Caution money payment  □ To Administrative Officer for information & necessary actions | | | | | | | | | | | | | | | | | |
| **For Office Use** | | | | | | | | | | | | | | | | | |
| Rent/ Advance payment | | | | | Rs……………………… | | | | | | Receipt No: ……………………… | | | | | | |
| Caution Deposit paid | | | | | Rs……………………… | | | | | | Receipt No: ……………………… | | | | | | |
|  | | | | |  | | | | | | Signature of Finance Officer | | | | | | |

Appendix 2 Payment Slip format

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description: F:\KARU\PERS\Sacon_Logos\Sacon_logo.JPG** | **Sálim Ali Centre for Ornithology and Natural History**  **Anaikatty, Coimbatore -641108** | | | | | |
| **Payment Slip (Hostel)** | | | | | | |
| Name | | : | | | | |
| Designation | | : | | | | |
| Project | | : | | | | |
| Email Id | | : | | | | |
| Phone No (Mob) | | : | | | | |
| Duration of Stay | | From | : | | To | : |
| No. of days | | : | | | | |
| Rent per day | | : | | | | |
| Total Rent | | : | | | | |
| Caution Deposit | | : | | | | |
| Any other Payment( towards Damages etc.)  Specify. ………………………………………..…….. | | | | : | | |
| Date: …………… | | | | Signature of Hostel warden | | |
| Received payment of Rs……………..………………  vide Receipt No:……………………………………. | | | |  | | |
| Date: …………… | | | | Signature of Finance Officer | | |

Appendix 3 Suggestions format

**Sálim Ali Centre for Ornithology and Natural History**

**Anaikatty, Coimbatore -641108**

**Suggestion Form**

Name of SACONHosteller: ……………

Contact No: ………………………………

Room No:…………………...……………

Problem Identified:

Suggestion/ Solution if any:

Sincerely,

Date: Signature ofHosteller

Appendix 4 Grievance letter format

**Sálim Ali Centre for Ornithology and Natural History**

**Anaikatty, Coimbatore -641108**

Grievance Letter

From

Name of SACON Hosteller: …………………………

Hostel Room No:…………………...…………………

Contact No: ……………………………………………

To

The Hostel Warden

Sálim Ali Centre for Ornithology and Natural History, Anaikatty, Coimbatore.

Subject:……………………………………………

Dear Sir/Madam

This is to bring to your noticethat ……………………………………………….………………………………………………………………………………….……….……

Kindly look into the matter.

Sincerely,

Date: Signature of Hosteller