

## Appendix 1 Hostel accommodation application format



## 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

**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 SACON Hosteller: .....

Contact No: .....

Room No:.....

Problem Identified:

Suggestion/ Solution if any:

Sincerely,