



Request for CCTV Footage

Date:

To,
Associate Dean (SWNT)
Web, Network, Teleservices & CCTV Maintenance Section

Name:

Department/ Section/ Club/ Cell:

Contact No:

Email ID:

Date of Incident:

Location:

Time Duration Required (From - To):

Purpose of Request (Clearly Specify):

Undertaking with respect to CCTV Usage Policy

I undertake to maintain complete confidentiality of the footage and shall not disclose, share, or circulate it to any unauthorized individual or external agency without prior approval from the competent authority. The requested CCTV footage shall be utilized strictly for official verification and checking purposes only. I acknowledge that CCTV footage constitutes sensitive information, and any misuse or unauthorized handling may result in disciplinary action as per institutional rules and regulations. I further affirm that I shall not edit, alter, manipulate, or tamper with the footage in any manner, and that it will not be used for any personal, commercial, or non-official purposes.

Officer-in-charge or Head of the respective Section/ Club/ Centre/ Cell

Network Supervisor (SWNT)

Associate Dean (SWNT)