

APPLICATION FORM
(For CCTV Footage Viewing Only)

Name of person making the request:	
Address:	
Contact Number:	
Email Address:	
Details of image/Footage to be viewed:	
Date/Estimated time:	
Location:	
Reason for request:	
Photocopy of Identity Card/Aadhar Card etc.	

NOTE: I acknowledge that the footage provided/Viewed will only be used within the terms and purposes of the Camera Surveillance Policy and will not be published on the internet or given to newspapers or any other social media.

Signed:

Date:

Signature of Applicant

HOD/Incharge

Chief Security Officer

Registrar

APPLICATION FORM
(For taking a copy of CCTV Footage)

Name of person making the request:	
Address:	
Contact Number:	
Email Address:	
Details of image/Footage to be viewed:	
Date/Estimated time:	
Location:	
Reason for request:	
Photocopy of Identity Card/Aadhar Card etc.	

NOTE: I acknowledge that the footage provided/Viewed will only be used within the terms and purposes of the Camera Surveillance Policy and will not be published on the internet or given to newspapers or any other social media.

Signed:

Date:

Signature of Applicant

HOD/Incharge

Chief Security Officer

Registrar