GUJARAT BIOTECHNOLOGY UNIVERSITY
Department of Science and Technology,
Government of Gujarat

GBU/CCTV/e-file/265/2026/0270/IT/ 480 Date: 29/10/2026

CIRCULAR

Subject: Procedure for Requesting Viewing of CCTV Surveillance Footage

The CCTV Surveillance System has been installed at Gujarat Biotechnology University (GBU) to support campus security, safeguard University property and infrastructure, and facilitate verification of incidents involving students, faculty members, staff and other persons on campus. Accordingly, access to recorded CCTV footage needs to be regulated to ensure proper authorisation, confidentiality, accountability and systematic record-keeping.

It has been observed that students, faculty members and staff members approach the IT Department directly for viewing CCTV footage of previous dates. To establish a uniform and documented procedure for processing such requests, the following instructions shall be followed with immediate effect:

1. **Submission of Request Form:** Any student, faculty member or staff member seeking to view historical CCTV footage shall submit the prescribed *CCTV Footage Viewing Request Form*, duly filled in and signed by the applicant.
2. **Approval by Concerned HoD:** The request form must be duly recommended/approved and signed by the concerned Head of Department (HoD) before submission to the IT Department.
3. **Submission to IT Department:** The duly completed and signed request form shall be submitted to the IT Department for further processing. Requests made through informal verbal communication shall not ordinarily be entertained in place of the prescribed procedure.
4. **Scheduling of Viewing:** Upon receipt and preliminary examination of the request, the IT Department shall contact the applicant to communicate the scheduled date and time for viewing, subject to the availability of the relevant footage and the requisite authorisation.
5. **Presence of Applicant:** The applicant shall remain personally present at the time scheduled by the IT Department for viewing the requested footage. The applicant shall coordinate with the IT Department and comply with the instructions issued during the viewing process.
6. **Availability of Footage:** The availability of footage shall depend on the recording and storage capacity of the existing CCTV Surveillance System and the applicable retention period.
7. **Confidentiality and Restrictions:** CCTV footage shall be treated as confidential.

All students, faculty members and staff members are requested to follow the above procedure and extend their cooperation to the IT Department in ensuring the secure, responsible and systematic handling of CCTV footage viewing requests.

(Dr. J C Lilani)
Registrar

To:

1. PA to Director
2. All Heads of Departments/Sections for information and necessary compliance.
3. All faculty members, officers and staff members

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GUJARAT BIOTECHNOLOGY UNIVERSITY
CCTV FOOTAGE VIEWING REQUEST FORM

Date of application: _____

Urgency: ☐ **Normal** ☐ **Urgent**

SECTION A — APPLICANT DETAILS

1. Name of Applicant *: _____

2. Designation / Category *: ☐ Student ☐ Faculty ☐ Staff ☐ Other (outsourced staff)

3. Department / Section *: _____

4. Enrollment Number (for students only): _____

5. Contact Number / Email: _____

6. Employee ID (if applicable): _____

SECTION B — CCTV FOOTAGE REQUEST DETAILS

7. Date of footage required *: _____

8. Time required — From *: _____

9. Time required — To *: _____

10. Location / Area *: _____

11. Camera number / description (if known): _____

12. Purpose / Reason with detailed description *:

_____

_____

SECTION C — DECLARATION BY APPLICANT

I declare that the information provided above is true and correct and that the requested CCTV footage will be viewed only for the purpose stated. I understand that access is subject to approval by the competent authority and applicable University procedures.

Signature of Applicant: _____

Name: _____

Date: _____

SECTION D — RECOMMENDATION BY CONCERNED HoD with a request to IT Dept.

Decision: ☐ Recommended above application ☐ Not Recommended

Remarks / justification: _____

_____

Name of HoD: _____

Signature: _____

Date: _____