



CCTV ALLOTMENT FORM

Name of the Student:		Admission NO:	
Class/Section:		Date:	
Full Name of Person Requesting:		Relationship with child:	
Email ID:		Mobile:	

DEVICE IN WHICH ACCESS IS REQUIRED:

Mobile

FOR ADMIN USE ONLY

AREAS OF CCTV ACCESS :

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ACCESS DETAILS:

ERP	Username		Password	
CCTV	Username		Password	
GPS	Username		Password	

Furnishing of all the information required above is mandatory for the safety and security of the students. Your full cooperation will be highly appreciated.

PARENT SIGN

PRINCIPAL SIGN

AST.DIRECTOR SIGN

DIRECTOR SIGN

