



Ref. No. U-734/SVSU/2026/4214

Date: 21.05.2026

**NOTIFICATION**

*"Ensuring a Safe, Respectful, and Inclusive Workplace for All"*

Subject: Constitution of Internal Committee (IC) under the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013-regarding

The Internal Committee (IC) of Swami Vivekanand Subharti University, Meerut is hereby constituted in accordance with the provisions of the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013. The Committee shall be responsible for prevention, prohibition, and redressal of incidents of sexual harassment at the workplace.

The composition of the Internal Committee (IC) shall be as under:

SI No.	Composition of IC as per PoSH Act	Name & Designation	Role in IC
1.	Senior level women employee of University	Prof.(Dr.) Renu Mavi Professor in Faculty of Science	Presiding Officer
2.	Two or more Members; Employees preferably committed to the cause of women or having experience in social work / legal knowledge	Prof.(Dr.) Tarak Nath Prasad Faculty of Law	Member-I
		Prof.(Dr.) Indira Singh Faculty of Education	Member-II
3.	One External Member- Female member from an NGO or association committed to women's issues or an individual familiar with issues of sexual harassment at workplace	Ms. Anita Rana Janhit Foundation, Meerut	Member-III

The Internal Committee is committed to ensuring a safe, respectful, and inclusive working environment for all employees, students, and stakeholders of the University. The Committee shall function as an impartial body to receive complaints, conduct inquiries in a fair and time-bound manner, recommend appropriate action, and promote awareness regarding gender sensitivity and workplace ethics, while strictly adhering to the principles of natural justice and confidentiality.

Any aggrieved woman employee, student, or stakeholder of the University may file a complaint of sexual harassment before the Internal Committee.



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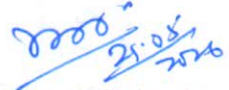
Subhartipuram, NH-58, Delhi-Haridwar Bypass Road, Meerut-250005 (U.P.) INDIA

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### Procedure for Filing Complaint:

1. A written complaint shall be submitted within three months from the date of the incident or, in case of a series of incidents, within three months from the date of the last incident.
2. The complaint may be submitted through email at [icc@subharti.org](mailto:icc@subharti.org) or in person to the Presiding Officer of the Internal Committee in the prescribed complaint format as given in enclosed **Annexure-I**.
3. The complaint should contain a clear description of the incident(s), including the date, time, place, and names of the respondent(s) and witnesses, if any.
4. Upon receipt of the complaint, the Internal Committee shall acknowledge the same and initiate the inquiry process in accordance with the provisions of the PoSH Act and University Regulations, ordinarily within seven working days.
5. Assistance in drafting the complaint may be provided to the complainant, if required.

This issues with the approval of the competent Authority of the University.

  
Gp Capt M Yakoob  
Registrar

### Enclosure:

1. **Annexure-I: COMPLAINT FORM** (For filing complaint of sexual harassment).

Memo. No. U-734/SVSU/2026/ 4214

Date: 21.05.2026

Copy forwarded for information of:-

1. Hon'ble Vice Chancellor
2. CEO / EO
3. Pro Vice Chancellor
4. Dean, Research and Development
5. All Deans / Principals/ Directors/ Head of Departments
6. All Additional Registrar / Deputy Registrars / Assistant Registrars
7. All Concerned Members of Committee
8. Guard File

  
Registrar

**ANNEXURE-I**

**SWAMI VIVEKASNAND SUBHARTI UNIVERSITY, MEERUT**

**COMPLAINT FORM (For filing complaint of sexual harassment)**

Please read below instructions carefully.

- (1) To be filled by aggrieved women or others on her behalf.
- (2) This complaint form along with required supporting documents must be submitted to IC, within time of 90 days from the date of last incident of sexual harassment.
- (3) The complainant must fill in all the required information and provide signature on each page of this form.
- (4) This complaint form is confidential document and unauthorized reproduction, distribution, publication and disclosure of this form is prohibited under Section 16 of the POSH Act 2013.
- (5) Filing false or malicious complaint with false evidence, and providing misleading or forged documents is punishable offence as per sec. 14 of the POSH Act 2013.

**THIS FORM CONSISTS OF FIVE PARTS;**

- Part -1 Complainant's Particulars
- Part -2 Aggrieved women's Particulars
- Part -3 Respondent's Particulars
- Part -4 Brief of Sexual Harassment
- Part -5 Particulars of witnesses and evidences

**Part -1 Complainant's Particulars**

- 1) Date of Complaint Filing: \_\_\_\_\_
- 2) Full name of complainant & with gender: \_\_\_\_\_
- 3) Contact Details of complainant (Mobile No.) email \_\_\_\_\_
- 4) Date of birth of complainant: \_\_\_\_\_
- 5) Residential Address of complainant (Present): \_\_\_\_\_
- 6) Residential Address of complainant (Permanent): \_\_\_\_\_
- 7) Name of Employer with address where complainant is working: \_\_\_\_\_
- 8) Designation of complainant: Duration of employment: \_\_\_\_\_
- 9) Work ID of the complainant: \_\_\_\_\_
- 10) Relation of complainant with aggrieved women (mention self if filing herself): (Co-worker, employer, reporting manager etc.) \_\_\_\_\_

*Handwritten signature and date: 21/05/2024*

**Part -2 Aggrieved women's Particulars**

- 1) Full name of aggrieved women (victim women): \_\_\_\_\_
  - 2) Contact Details of aggrieved women (Mobile No.) email \_\_\_\_\_
  - 3) Date of birth of aggrieved women: \_\_\_\_\_
  - 4) Residential Address of aggrieved women (Present): \_\_\_\_\_
  - 5) Residential Address of aggrieved women (Permanent): \_\_\_\_\_
  - 6) Name of Employer with address where aggrieved women is working: \_\_\_\_\_
  - 7) Designation of aggrieved women: \_\_\_\_\_
  - 8) Duration of employment with present employer: \_\_\_\_\_
  - 9) Work ID of the aggrieved women: \_\_\_\_\_
- 

**Part -3 Respondent's Particulars**

- 1) Full name of respondent (against whom complaint is filled): \_\_\_\_\_
- 2) Contact Details of respondent (Mobile No.) email: \_\_\_\_\_
- 3) Residential Address of respondent (Present): \_\_\_\_\_
- 4) Residential Address of respondent (Permanent): \_\_\_\_\_
- 5) Name of Employer with address where respondent is working: \_\_\_\_\_
- 6) Designation of respondent: \_\_\_\_\_
- 7) Working relation of aggrieved women with respondent (Employer, Reporting Manager, co-employee, junior staff, other) \_\_\_\_\_

Signature of Complainant

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**Part -4 Brief of Sexual Harassment**

- 1) Number of sexual harassment incidences done by the respondent: \_\_\_\_\_

*Handwritten signature and date: 22/05/2020*

2) Are aggrieved women and responded working in the same organization or same department when the incidence of sexual harassment happened? \_\_\_\_\_

3) What was the date of last incidence of sexual harassment? \_\_\_\_\_

4) Mention date and time wise description of sexual harassment done by respondent: - (take additional sheet if required) \_\_\_\_\_

Date-1: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

**Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date-2: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

**Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Describe the physical and mental suffering aggrieved women experiencing now due to the sexual harassment committed by the respondent.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6) Have you undergone any treatment by a psychiatrist or physician due to the sexual harassment committed by the respondent? (Attach the supporting documents)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Complainant

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**Part -5 Particulars of witnesses and evidences**

1) Is there any evidence or eyewitness of sexual harassment committed by the respondent? (IC can call and cross check witnesses and evidences during redressal)

*SP. IC  
21.05.2026*

\_\_\_\_\_

2) Mention details of evidence of the incidence for supporting your complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) Full name of witness: \_\_\_\_\_

4) Contact Details witness (Mobile No.) email \_\_\_\_\_

5) Residential Address of witness (Present): \_\_\_\_\_

6) Residential Address of witness (Permanent): \_\_\_\_\_

7) Name of Employer with address where witness is working: \_\_\_\_\_

8) Designation of witness: \_\_\_\_\_

9) Working relation of aggrieved women with witness (Employer, Reporting Manager, co-employee, junior staff, other): \_\_\_\_\_

**Declaration:**

I (Full name of complainer) \_\_\_\_\_ filing complaint of sexual harassment on this date and day against (Name of responder) \_\_\_\_\_

I declare that the above information given by me in this complaint is true and best of my knowledge. I am responsible for this complaint filed by me and aware that I can be punished for any malicious or false complaints.

**Signature of the complainant**

Date:

Place:

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**Attachments:**

1) Concern letter of aggrieved women in case of complaint filed by any other person. (If aggrieved women in not in position to issue concern letter due to mental or physical incapability, attach letter of physician or psychiatrist)

2) Evidences if any.

**Signature of Complainant**

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