BABA MASTNATH UNIVERSITY

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(RECOGNISED BY UGC) ROHTAK, DELHI -NCR

Internal Quality Assurance Cell

S.No.: IQAC/Event/2024/…….. **Date:** …/…./……

EVENT APPROVAL FORM

Academic Session: 2024-25

Proposed Event:	Seminar ☐ | Conference ☐ | Workshop ☐ | Training ☐ | Short Term Course ☐ Special/Extension Lecture ☐ | Sports, Cultural, Co-curricular ☐ | Other……..☐			
Faculty/Cell Name:				
Department Name:				
Associated with:	Internal Quality Assurance Cell (IQAC)			
Convener:		**Co-Convener:**		
Organizing Secretary (If Any)				
Speaker's Profile:				
Topic:				
Duration: (in days)		**Proposed Mode**	☐ Online ☐ Offline ☐ Hybrid	
		Date……./……./……	**Time**: ……./…… : AM/PM	
Proposed Amount for the event (Rs.) (if any)	(in figures)	(in words)		
Requirements (Tick, if Required)	**Flex** ☐ **Quantity required: …..** Give Details if Required	**Memento** ☐ **Quantity required: …..** Give Details if Required	**Certificate** ☐ **Quantity required: …..** Give Details if Required	

Secretary

Name:……..……

Dean / Chairperson / Convener/HOD

Name:…….

(Approved / Not Approved)

Director (IQAC) **Registrar** **Vice-Chancellor**