



BABA MASTNATH UNIVERSITY

UNIQUE BLEND OF ACADEMICS AND SPIRITUALITY | www.bmu.ac.in
(RECOGNISED BY UGC) ROHTAK, DELHI -NCR

Internal Quality Assurance Cell



S.No.: IQAC/Event/2025/.....

EVENT APPROVAL FORM

Date: / /

Academic Session: 2025-26

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	

Convener / Secretary

Name:.....

Dean / Chairperson / HOD

Name:.....

(Approved / Not Approved)

Director (IQAC)

Registrar

Vice-Chancellor