BABA MASTNATH UNIVERSITY

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(RECOGNISED BY UGC) ROHTAK, DELHI -NCR

Internal Quality Assurance Cell

S.No.: IQAC/Event/2026/…….. **EVENT APPROVAL FORM** **Date:** …/…./……

Academic Session: 2026-27

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 Name:		**Co-Convener Name:**			
Organizing Secretary Name with Employee ID:					
Speaker's Profile:					
Topic:					
Venue					
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**