



# 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/2025/51.....

### EVENT APPROVAL FORM

Date: 19/05/2025

Academic Session: 2024-2025

<b>Proposed Event:</b>	Seminar <input type="checkbox"/>   Conference <input type="checkbox"/>   Workshop <input type="checkbox"/>   Training <input type="checkbox"/>   Short Term Course <input type="checkbox"/> Special/Extension Lecture <input type="checkbox"/>   Sports, Cultural, Co-curricular <input checked="" type="checkbox"/>   Other..... <input type="checkbox"/>		
<b>Faculty Name:</b>	SCIENCE		
<b>Department Name:</b>	AGRICULTRE		
<b>Convener:</b>	Prof. (Dr.) Dilbag Singh	<b>Co-Convener:</b>	Prof. (Dr.) R.S. Malik
<b>Organizing Secretary (if any):</b>	Mr. Himangshu		
<b>Speaker's Profile: Judges For Events:</b>	i) Dr. Ravikumar Kana ii) Dr. Pallavi Bhardwaj		
<b>Topic:</b>	" WORLD BEE DAY " i) Poster Making ii) Slogan Writing		
<b>Duration: (in days)</b>	<b>Proposed Mode</b>	<input type="checkbox"/> Online	<input checked="" type="checkbox"/> Offline
	<b>Date:</b> 20/03/2025.....	<b>Time:</b> 12.. / 00. : AM/PM	
<b>Proposed Amount for the event (Rs.) (if any)</b>	(in figures)	(in words)	
<b>Requirements (Tick, if Required)</b>	<b>Flex</b> <input checked="" type="checkbox"/> 01 Quantity required: ..... Give Details if Required	<b>Memento</b> <input checked="" type="checkbox"/> Quantity required: ..... Give Details if Required	<b>Certificate</b> <input checked="" type="checkbox"/> Quantity required: ..... 06+01 Give Details if Required

*[Signature]*  
19/5/25  
Convener / Secretary  
Name: Dr. Dilbag Singh

*[Signature]*  
19/05/2025  
Dean / Chairperson / HOD  
Name: .....

(Approved / Not Approved)

*[Signature]*  
Director (IQAC)

*[Signature]*  
19/5/25  
Registrar

Approved  
*[Signature]*  
Vice-Chancellor 19.5.2025