



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/2026/...185.....

EVENT APPROVAL FORM

Date: 12.10.2026

Academic Session: 2025-26

Proposed Event:	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"/> Faculty Talk		
Faculty/Cell Name:	Law		
Department Name:	Law		
Associated with:	Internal Quality Assurance Cell (IQAC)		
Convener:	Dr. Ritu	Co-Convener:	NO
Organizing Secretary	Dr. Seema Devi		
Speaker's Profile:	Prof. (Dr.) Aruna Anchal, Dean, Faculty of Education, BMU, (Chair Person, W.S.C.)		
Topic:	Faculty Talk on the Vision of Vikent Bharat @ 2047		
Duration: (in days)	01	Proposed Mode offline <input checked="" type="checkbox"/> Online <input type="checkbox"/> Offline <input type="checkbox"/> Hybrid <input type="checkbox"/>	
		Date: 16.10.2026	Time: 2. pm : AM/PM onward
Proposed Amount for the event (Rs.) (if any)	(in figures)	NO	(in words)
Requirements (Tick, if Required)	Flex <input checked="" type="checkbox"/> Quantity required: Give Details if Required	Memento <input checked="" type="checkbox"/> Quantity required: Give Details if Required	Certificate <input checked="" type="checkbox"/> Quantity required: Give Details if Required

Secretary
Name: Dr. Seema Devi

Dean / Chairperson / Convener/HOD
Name: Ritu

(Approved / Not Approved)

Director (IQAC) 12/10/2026

Registrar 12/10/2026

Vice-Chancellor 13/11/26



BABA MASTNATH UNIVERSITY

Asthal Bohar, Rohtak, NH-10, NCR, Haryana-124021(India)

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Website: www.bmu.ac.in

Ref. No. BMU/LAW/2026/4800

Date 12.01.2026

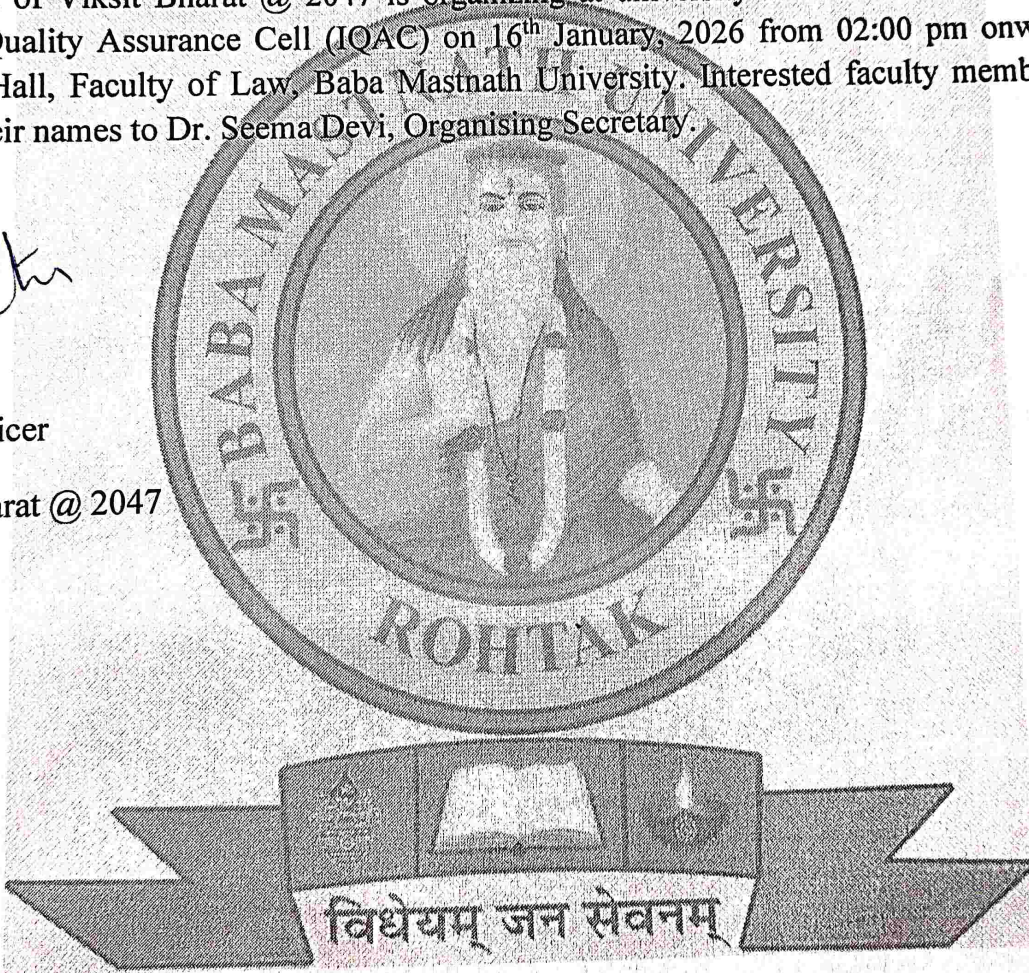
Notice

It is hereby informed to all faculty members of each department that a One Day Faculty Talk on Vision of Viksit Bharat @ 2047 is organizing at university level in collaboration with Internal Quality Assurance Cell (IQAC) on 16th January, 2026 from 02:00 pm onwards at Seminar Hall, Faculty of Law, Baba Mastnath University. Interested faculty members can submit their names to Dr. Seema Devi, Organising Secretary.

Dr. Ritu

Nodal Officer

Viksit Bharat @ 2047





www.bba.ac.in

BABA MASTNATH UNIVERSITY

B M U



Faculty Talk On Vision of Viksit Bharat @ 2047

16TH JANUARY, 2025

TIME:- ——— 2:00PM



VENUE:- SEMINAR HALL, FACULTY OF LAW

Speaker : Prof. (Dr.) Aruna Anchal, Dean, Faculty of Education, BMU



Organised in Association with
Internal Quality Assurance Cell (IQAC), BMU



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Website: www.bmu.ac.in

Name of Event: Faculty Talk on the Vision of Viksit Bharat @ 2047
Date: 16/01/2026

Schedule/Minute to Minute Program (16.01.2026)		
Time: 02:00 pm onwards		
Venue: Seminar Hall		
1	02:00 - 02:05 pm	Lamp Lighting
2	02:05 - 02:10 pm	Kulgeet
3	02:10 - 02:12 pm	Welcome Address
4	02:12 - 02:14 pm	Welcome Address by Dr. Seema Devi
5	02:14 - 02:21 pm	Address by Prof. (Dr.) Aruna Anchal
6	02:21 - 03:21 pm	Faculty Talk on the Vision of Viksit Bharat @ 2047
7	03:21 - 03:23 pm	Vote of Thanks by Dr. Ritu
8	03:23 - 03:25 pm	National Anthem

Seema

Organizing Secretary

Ritu

Convener



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Website: www.bmu.ac.in

Name of Event: Faculty Talk on the Vision of Viksit Bharat @ 2047

Date: 16/01/2026

Attendance Sheet

S. No.	Name of Faculty	Designation	Signature
1	Dr. Manish Dalal	Associate Professor	Manish
2	Dr. Rohit Koojer	Asstt Professor	Rohit
3	Dr. Ritu	Associate Prof	Ritu
4	Dr. Harvinder	Asstt Professor	Harvinder
5	Dr. Sushil Kumar	Asstt. Prof.	Sushil
6	Dr. Atul Kumar	Asstt Prof. Sociology	Atul
7	Dr. Vinod Kumar Singh	Asstt Prof. Sociology	Vinod
8	Dr. Abhishek	Asst. prof. & T.P.O	Abhishek
9	Dr. Padmini	Asstt Prof. FOL	Padmini
10	Dr. Sonia	Asstt. Prof. FOL	Sonia
11	Dr. Vinita	Asstt. Prof FOL	Vinita
12	Dr. Ranjan	Asstt. Prof Law	Ranjan
13	Dr. Archana Kumar	Asstt. prof. G. Admin	Archana
14	Dr. Sushila Shama	Associate prof. Edu	Sushila
15	Dr. Seema	Associate prof. Edu	Seema
16	Mr. Akashdeep	Asstt. Prof	Akashdeep
17	Dr. Anura Anand	Professor, Education	Anura
18	Dr. B. Pankaj	Professor Physical Sci	Pankaj
19	Dr. Gajith	Asstt Professor Pol. Sci	Gajith
20	Dr. MANJEET Kaur	Asstt Professor Pol	Manjeet
21	Dr. Nisha Kumar	Asstt Professor (B.A)	Nisha
22	Dr. Seema Devi	Associate Prof (Law)	Seema
23	Ms. Annu	Asstt. Prof.	Annu
24	Dr. Reena	Asst. Prof. Management	Reena
25	Dr. Tulak Raj	Asst. Prof. Management	Tulak
26	Dr. Jyoti Vaj	Asst. Prof. Commerce	Jyoti
27	BHAWNA	JRF	Bhawna
28	Manju	SRF	Manju
29	Priya Shokhande	JRF	Priya
30	Ms. Seemant	SRF	Seemant

Seema
Organizing Secretary

Ritu
Convener



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Participant Registration Form

1. Event Details

Title of the Event: Faculty Talk on Vision of Viksit Bharat @ 2047
Organized By (Department/Faculty/Cell): Deptt. of Law
Date(s) of the Event: 16/01/26
Venue (if physical): Deptt. of Law
Mode of Event: Offline Online Hybrid

2. Participant Information

Salutation: Ms. Mrs. Mr. Dr. Prof.

Full Name: Dr Atul Kumar

Gender: Male Female Other

Date of Birth (DD/MM/YYYY): 12/02/1982

Email ID: Atulki mail @ Gmail - Com

Mobile Number: 8529019284

Institution/Organization Name: Law

Designation/Role: UG Student PG Student Ph.D. Scholar Faculty Administrative Staff
 Alumni Industry/Employer Guest/External Participant

Year of Study (If Student): 1st 2nd 3rd 4th 5th

Faculty/Department (If Internal): Ayurveda Physiotherapy Pharmacy Nursing Sciences Humanities Management & Commerce Law Engineering Other (Specify)

3. Event Preferences (Optional)

Preferred Language (if multilingual): English Hindi Other: _____

Session Type of Interest (if applicable): Technical Workshop Panel Discussion Poster/Oral Presentation Faculty Talk

4. Consent and Declaration

I hereby declare that the information provided is true to the best of my knowledge.
 I give my consent to use my participation details and photos for event reporting and documentation.


Date:

Place:

16/01/26

Rohtak

BNU


(Signature of the participant)



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Participant Registration Form

1. Event Details

Title of the Event: Faculty talk on Visiting of Viksit Bharat @ 2047
Organized By (Department/Faculty/Cell): IAAC
Date(s) of the Event: 26/1/26
Venue (if physical): Deptt of Law
Mode of Event: Offline Online Hybrid

2. Participant Information

Salutation: Ms. Mrs. Mr. Dr. Prof.

Full Name: Virender Singh

Gender: Male Female Other

Date of Birth (DD/MM/YYYY): 25th May 1973

Email ID: virender.singh@gnid.com

Mobile Number: 81681 40324

Institution/Organization Name: _____

Designation/Role: UG Student PG Student Ph.D. Scholar Faculty Administrative Staff
 Alumni Industry/Employer Guest/External Participant

Year of Study (If Student): 1st 2nd 3rd 4th 5th

Faculty/Department (If Internal): Ayurveda Physiotherapy Pharmacy Nursing
Sciences Humanities Management & Commerce Law Engineering Other (Specify)

3. Event Preferences (Optional)

Preferred Language (if multilingual): English Hindi Other: _____

Session Type of Interest (if applicable): Technical Workshop Panel Discussion
Poster/Oral Presentation Faculty Talk

4. Consent and Declaration

I hereby declare that the information provided is true to the best of my knowledge.

I give my consent to use my participation details and photos for event reporting and documentation.

Date: 16/1/25

Place: _____

Virender Singh
(Signature of the participant)



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Participant Registration Form

1. Event Details

Title of the Event: Faculty Talk on Viksit Bharat @ 2047
Organized By (Department/Faculty/Cell): FOL
Date(s) of the Event: 16/01/2026
Venue (if physical): Seminar Hall
Mode of Event: Offline Online Hybrid

2. Participant Information

Salutation: Ms. Mrs. Mr. Dr. Prof.

Full Name: Parmila

Gender: Male Female Other

Date of Birth (DD/MM/YYYY): 02/11/1982

Email ID: Parmilakalai3@gmail.com

Mobile Number: 8160391696

Institution/Organization Name: BMU

Designation/Role: UG Student PG Student Ph.D. Scholar Faculty Administrative Staff
 Alumni Industry/Employer Guest/External Participant

Year of Study (If Student): 1st 2nd 3rd 4th 5th

Faculty/Department (If Internal): Ayurveda Physiotherapy Pharmacy Nursing Sciences Humanities Management & Commerce Law Engineering Other (Specify)

3. Event Preferences (Optional)

Preferred Language (if multilingual): English Hindi Other: _____

Session Type of Interest (if applicable): Technical Workshop Panel Discussion Poster/Oral Presentation, Faculty Talk


4. Consent and Declaration

I hereby declare that the information provided is true to the best of my knowledge.

I give my consent to use my participation details and photos for event reporting and documentation.

Date: 16/01/2026

Place: Rohtak


(Signature of the participant)



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Participant Registration Form

1. Event Details

Title of the Event: Vision of Viksit Bharat @ 2047
Organized By (Department/Faculty/Cell): Education
Date(s) of the Event: 16-Jan-2026
Venue (if physical): Seminar Hall
Mode of Event: Offline Online Hybrid

2. Participant Information

Salutation: Ms. Mrs. Mr. Dr. Prof.

Full Name: P.R. Seema

Gender: Male Female Other

Date of Birth (DD/MM/YYYY): 15-08-1977

Email ID: Seemaghalaut2002@gmail.com

Mobile Number: 9896042451

Institution/Organization Name: (Dept. of Edu.) Bg BMU, Rohtak

Designation/Role: UG Student PG Student Ph.D. Scholar Faculty Administrative Staff
 Alumni Industry/Employer Guest/External Participant

Year of Study (If Student): 1st 2nd 3rd 4th 5th

Faculty/Department (If Internal): Ayurveda Physiotherapy Pharmacy Nursing
 Sciences Humanities Management & Commerce Law Engineering Other (Specify)

3. Event Preferences (Optional)

Preferred Language (if multilingual): English Hindi Other: Hindi

Session Type of Interest (if applicable): Technical Workshop Panel Discussion
Poster/Oral Presentation

4. Consent and Declaration

I hereby declare that the information provided is true to the best of my knowledge.

I give my consent to use my participation details and photos for event reporting and documentation.

Date: 16/01/26

Place: Rohtak

Seema
16/01/26

(Signature of the participant)



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Participant Registration Form

1. Event Details

Title of the Event: Faculty Talk on Virsit Bharat @ 2047
Organized By (Department/Faculty/Cell): FoL
Date(s) of the Event: 16-01-2026
Venue (if physical): Seminar Hall
Mode of Event: Offline Online Hybrid

2. Participant Information

Salutation: Ms. Mrs. Mr. Dr. Prof.

Full Name: Vintee

Gender: Male Female Other

Date of Birth (DD/MM/YYYY): 09-09-1989

Email ID: vinteenirman99@gmail.com

Mobile Number: 9717806615, 8168324214

Institution/Organization Name: BMU

Designation/Role: UG Student PG Student Ph.D. Scholar Faculty Administrative Staff
 Alumni Industry/Employer Guest/External Participant

Year of Study (If Student): 1st 2nd 3rd 4th 5th

Faculty/Department (If Internal): Ayurveda Physiotherapy Pharmacy Nursing
Sciences Humanities Management & Commerce Law Engineering Other (Specify)

3. Event Preferences (Optional)

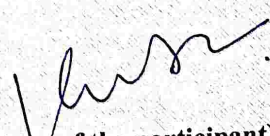
Preferred Language (if multilingual): English Hindi Other: _____

Session Type of Interest (if applicable): Technical Workshop Panel Discussion
Poster/Oral Presentation, Faculty Talk

4. Consent and Declaration

I hereby declare that the information provided is true to the best of my knowledge.
 I give my consent to use my participation details and photos for event reporting and documentation.

Date: 16-01-2026
Place: Rohtak


(Signature of the participant)



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Participant Registration Form

1. Event Details

Title of the Event: vision of viksit Bharat @ 2047
Organized By (Department/Faculty/Cell): Education
Date(s) of the Event: 16-Jan-2026
Venue (if physical): Seminar Hall
Mode of Event: Offline Online Hybrid

2. Participant Information

Salutation: Ms. Mrs. Mr. Dr. Prof.

Full Name: Dr. Sushila Sharma

Gender: Male Female Other

Date of Birth (DD/MM/YYYY): 29-10-1979

Email ID: sushila.sharma@bmu.ac.in

Mobile Number: 9255877088

Institution/Organization Name: (Dept. of Edu) By BMU, Rohtak.

Designation/Role: UG Student PG Student Ph.D. Scholar Faculty Administrative Staff
 Alumni Industry/Employer Guest/External Participant

Year of Study (If Student): 1st 2nd 3rd 4th 5th

Faculty/Department (If Internal): Ayurveda Physiotherapy Pharmacy Nursing
 Sciences Humanities Management & Commerce Law Engineering Other (Specify)

3. Event Preferences (Optional)

Preferred Language (if multilingual): English Hindi Other: Hindi

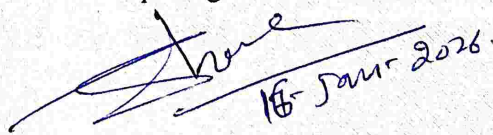
Session Type of Interest (if applicable): Technical Workshop Panel Discussion
Poster/Oral Presentation

4. Consent and Declaration

I hereby declare that the information provided is true to the best of my knowledge.

I give my consent to use my participation details and photos for event reporting and documentation.

Date: 16-Jan-2026
Place: Rohtak


(Signature of the participant)



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Participant Registration Form

1. Event Details

Title of the Event: Faculty Talks
Organized By (Department/Faculty/Cell): Faculty of Law
Date(s) of the Event: 16/01/2025
Venue (if physical): Seminar Hall
Mode of Event: Offline Online Hybrid

2. Participant Information

Salutation: Ms. Mrs. Mr. Dr. Prof.

Full Name: Harvinder Barak

Gender: Male Female Other

Date of Birth (DD/MM/YYYY): 05 JAN 1990

Email ID: harvinder@bmu.ac.in

Mobile Number: 9467070034

Institution/Organization Name: Faculty of Law Bmu

Designation/Role: UG Student PG Student Ph.D. Scholar Faculty Administrative Staff
 Alumni Industry/Employer Guest/External Participant

Year of Study (If Student): 1st 2nd 3rd 4th 5th

Faculty/Department (If Internal): Ayurveda Physiotherapy Pharmacy Nursing
 Sciences Humanities Management & Commerce Law Engineering Other (Specify)

3. Event Preferences (Optional)

Preferred Language (if multilingual): English Hindi Other: _____

Session Type of Interest (if applicable): Technical Workshop Panel Discussion
Poster/Oral Presentation (Faculty Talk.)

4. Consent and Declaration

I hereby declare that the information provided is true to the best of my knowledge.
 I give my consent to use my participation details and photos for event reporting and documentation.

Date: 16/01/25

Place: Rohtak

Harvinder
(Signature of the participant)



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Participant Registration Form

1. Event Details

Title of the Event: Faculty Talk on Virshit Bharat @ 2047
Organized By (Department/Faculty/Cell): Faculty of Law
Date(s) of the Event: 16/01/2026
Venue (if physical): Seminar Hall
Mode of Event: Offline Online Hybrid

2. Participant Information

Salutation: Ms. Mrs. Mr. Dr. Prof.

Full Name: Sonia

Gender: Male Female Other

Date of Birth (DD/MM/YYYY): 20/04/1988

Email ID: Soniapillawa@gmail.com

Mobile Number: 8930488080

Institution/Organization Name: Baba Mastnath University (Rohtak)

Designation/Role: UG Student PG Student Ph.D. Scholar Faculty Administrative Staff
 Alumni Industry/Employer Guest/External Participant

Year of Study (If Student): 1st 2nd 3rd 4th 5th

Faculty/Department (If Internal): Ayurveda Physiotherapy Pharmacy Nursing
 Sciences Humanities Management & Commerce Law Engineering Other (Specify)

3. Event Preferences (Optional)

Preferred Language (if multilingual): English Hindi Other: _____

Session Type of Interest (if applicable): Technical Workshop Panel Discussion
Poster/Oral Presentation, Faculty Talk

4. Consent and Declaration

I hereby declare that the information provided is true to the best of my knowledge.
 I give my consent to use my participation details and photos for event reporting and documentation.

Date: 16/01/2026
Place: Rohtak

Sonia
(Signature of the participant)



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Participant Registration Form

1. Event Details

Title of the Event: Faculty talk on Vision of Viksit Bharat @ 2047
Organized By (Department/Faculty/Cell): Shri Man Institute of Educational Technology and Research
Date(s) of the Event: 16.1.2025.
Venue (if physical): Samihar home
Mode of Event: Offline Online Hybrid

2. Participant Information

Salutation: Ms. Mrs. Mr. Dr. Prof.

Full Name: Aachana Kumari

Gender: Male Female Other

Date of Birth (DD/MM/YYYY): 10.10.1980

Email ID: malikha.k@shri-man.com

Mobile Number: 9146826066

Institution/Organization Name: Shri Man Institute of Educational Technology and Research

Designation/Role: UG Student PG Student Ph.D. Scholar Faculty Administrative Staff
 Alumni Industry/Employer Guest/External Participant

Year of Study (If Student): 1st 2nd 3rd 4th 5th

Faculty/Department (If Internal): Ayurveda Physiotherapy Pharmacy Nursing
 Sciences Humanities Management & Commerce Law Engineering Other (Specify)

3. Event Preferences (Optional)

Preferred Language (if multilingual): English Hindi Other: _____

Session Type of Interest (if applicable): Technical Workshop Panel Discussion
Poster/Oral Presentation, Faculty Talk.

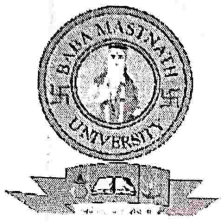
4. Consent and Declaration

I hereby declare that the information provided is true to the best of my knowledge.
 I give my consent to use my participation details and photos for event reporting and documentation.

16.1.2026

Date: 16.1.2026
Place: Rohtak

[Signature]
(Signature of the participant)



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Participant Feedback Form for IQAC/Departmental Events

1. Event Title Faculty Talk
2. Venue Seminar Hall Faculty of Law
3. Date of Event 16/01/2026
4. Initial
 Ms.
 Mrs.
 Mr.
 Dr.
 Prof.
5. First Name Dr Harvinder
6. Last Name Barau
7. Gender
 Male
 Female
8. Department/Faculty
 Faculty of Ayurveda
 Faculty of Physiotherapy
 Faculty of Pharmacy
 Faculty of Nursing
 Faculty of Sciences
 Faculty of Humanities
 Faculty of Management & Commerce
 Faculty of Legal Studies
 Faculty of Engineering
 Other University Department
9. Designation/Role
 Student (UG/PG/PhD)
 Faculty
 Administrative Staff
 Alumni
 Employer/Industry
 Guest/External Participant
10. Year of Study (if Student)
 1
 2
 3
 4
 5
11. Institution/Organization Name (for external participants) Faculty of Law Bmu
12. Email ID harvinder@bmu.ac.in
13. Mobile Number 9467070034
14. Have you attended similar (IQAC/Faculty Name/Cell Name) events before?
 Yes No
15. How satisfied are you with the overall organization of the event?
 Very Satisfied
 Satisfied
 Neutral
 Dissatisfied
 Very Dissatisfied
16. How relevant was the event to your academic/professional interests?
 Very Satisfied

- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

17. How do you rate the event logistics (venue, seating, timing, etc.)?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

18. Was the event schedule followed appropriately?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

19. How do you rate the quality of presentations/speeches?

- Excellent
- Good
- Average
- Below Average
- Poor

20. Were the resource persons/speakers knowledgeable and effective?

- Excellent
- Good
- Average
- Below Average
- Poor

21. Did the event contribute to your understanding of the topic?

- Excellent
- Good
- Average
- Below Average
- Poor

22. Was the information shared useful for your academic/professional growth?

- Excellent
- Good
- Average
- Below Average
- Poor

23. What specific aspects of the event did you find most valuable?

History of Vikram's Bharat

24. What improvements would you suggest for future events?

Nothing

25. Would you be interested in attending similar events organized by (IQAC/Faculty Name/Cell Name)?

- Definitely Yes
- Probably
- Not Sure
- Probably Not
- Definitely Not

26. Overall, how would you rate the event?

- Excellent
- Good
- Fair
- Poor

Hanan
(Signature of the participant)

Date: 16/01/26
Place: *Rohat*



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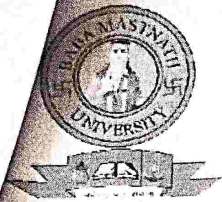
Participant Feedback Form for IQAC/Departmental Events

1. Event Title Vision of Viksit Bharat @ 2047
2. Venue Deptt. of Law
3. Date of Event 16/01/26
4. Initial
 Ms.
 Mrs.
 Mr.
 Dr.
 Prof.
5. First Name Atul
6. Last Name Kumar
7. Gender
 Male
 Female
8. Department/Faculty
 Faculty of Ayurveda
 Faculty of Physiotherapy
 Faculty of Pharmacy
 Faculty of Nursing
 Faculty of Sciences
 Faculty of Humanities
 Faculty of Management & Commerce
 Faculty of Legal Studies
 Faculty of Engineering
 Other University Department
9. Designation/Role
 Student (UG/PG/PhD)
 Faculty
 Administrative Staff
 Alumni
 Employer/Industry
 Guest/External Participant
10. Year of Study (if Student)
 1
 2
 3
 4
 5
11. Institution/Organization Name (for external participants)
12. Email ID Atulmail@gmail.com
13. Mobile Number 8529019284
14. Have you attended similar (IQAC/Faculty Name/Cell Name) events before?
 Yes No
15. How satisfied are you with the overall organization of the event?
 Very Satisfied
 Satisfied
 Neutral
 Dissatisfied
 Very Dissatisfied
16. How relevant was the event to your academic/professional interests?
 Very Satisfied

- Satisfied
 Neutral
 Dissatisfied
 Very Dissatisfied
17. How do you rate the event logistics (venue, seating, timing, etc.)?
 Very Satisfied
 Satisfied
 Neutral
 Dissatisfied
 Very Dissatisfied
18. Was the event schedule followed appropriately?
 Very Satisfied
 Satisfied
 Neutral
 Dissatisfied
 Very Dissatisfied
19. How do you rate the quality of presentations/speeches?
 Excellent
 Good
 Average
 Below Average
 Poor
20. Were the resource persons/speakers knowledgeable and effective?
 Excellent
 Good
 Average
 Below Average
 Poor
21. Did the event contribute to your understanding of the topic?
 Excellent
 Good
 Average
 Below Average
 Poor
22. Was the information shared useful for your academic/professional growth?
 Excellent
 Good
 Average
 Below Average
 Poor
23. What specific aspects of the event did you find most valuable? *yes, perfect*
24. What improvements would you suggest for future events? *No*
25. Would you be interested in attending similar events organized by (IQAC/Faculty Name/Cell Name)?
 Definitely Yes
 Probably
 Not Sure
 Probably Not
 Definitely Not
26. Overall, how would you rate the event?
 Excellent
 Good
 Fair
 Poor

(Signature of the participant)

Date:
Place:



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Participant Feedback Form for IQAC/Departmental Events

1. Event Title Vision of Viksit Bharat @ 2047
2. Venue Dept. of Law
3. Date of Event 16/07/2020
4. Initial
 Ms.
 Mrs.
 Mr.
 Dr.
 Prof.
5. First Name Virander Singh
6. Last Name _____
7. Gender
 Male
 Female
8. Department/Faculty
 Faculty of Ayurveda
 Faculty of Physiotherapy
 Faculty of Pharmacy
 Faculty of Nursing
 Faculty of Sciences
 Faculty of Humanities
 Faculty of Management & Commerce
 Faculty of Legal Studies
 Faculty of Engineering
 Other University Department
9. Designation/Role
 Student (UG/PG/PhD)
 Faculty
 Administrative Staff
 Alumni
 Employer/Industry
 Guest/External Participant
10. Year of Study (if Student)
 1
 2
 3
 4
 5
11. Institution/Organization Name (for external participants)
12. Email ID viru us dehal @ gmail . com
13. Mobile Number 8168140324
14. Have you attended similar (IQAC/Faculty Name/Cell Name) events before?
 Yes No
15. How satisfied are you with the overall organization of the event?
 Very Satisfied
 Satisfied
 Neutral
 Dissatisfied
 Very Dissatisfied
16. How relevant was the event to your academic/professional interests?
 Very Satisfied

- Satisfied
 Neutral
 Dissatisfied
 Very Dissatisfied
17. How do you rate the event logistics (venue, seating, timing, etc.)?
 Very Satisfied
 Satisfied
 Neutral
 Dissatisfied
 Very Dissatisfied
18. Was the event schedule followed appropriately?
 Very Satisfied
 Satisfied
 Neutral
 Dissatisfied
 Very Dissatisfied
19. How do you rate the quality of presentations/speeches?
 Excellent
 Good
 Average
 Below Average
 Poor
20. Were the resource persons/speakers knowledgeable and effective?
 Excellent
 Good
 Average
 Below Average
 Poor
21. Did the event contribute to your understanding of the topic?
 Excellent
 Good
 Average
 Below Average
 Poor
22. Was the information shared useful for your academic/professional growth?
 Excellent
 Good
 Average
 Below Average
 Poor
23. What specific aspects of the event did you find most valuable? *Yes, Good*
24. What improvements would you suggest for future events? *No*
25. Would you be interested in attending similar events organized by (IQAC/Faculty Name/Cell Name)?
 Definitely Yes
 Probably
 Not Sure
 Probably Not
 Definitely Not
26. Overall, how would you rate the event?
 Excellent
 Good
 Fair
 Poor

Date:
Place:


(Signature of the participant)



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Participant Feedback Form for IQAC/Departmental Events

1. Event Title Faculty Talk
2. Venue Saminda Hall.
3. Date of Event 16.1.2026
4. Initial
 Ms.
 Mrs.
 Mr.
 Dr.
 Prof.
5. First Name Dr. Reena
6. Last Name _____
7. Gender
 Male
 Female
8. Department/Faculty
 Faculty of Ayurveda
 Faculty of Physiotherapy
 Faculty of Pharmacy
 Faculty of Nursing
 Faculty of Sciences
 Faculty of Humanities
 Faculty of Management & Commerce
 Faculty of Legal Studies
 Faculty of Engineering
 Other University Department
9. Designation/Role
 Student (UG/PG/PhD)
 Faculty
 Administrative Staff
 Alumni
 Employer/Industry
 Guest/External Participant
10. Year of Study (if Student)
 1
 2
 3
 4
 5
11. Institution/Organization Name (for external participants) _____
12. Email ID reena123@gmail.com
13. Mobile Number _____
14. Have you attended similar (IQAC/Faculty Name/Cell Name) events before?
 Yes No
15. How satisfied are you with the overall organization of the event?
 Very Satisfied
 Satisfied
 Neutral
 Dissatisfied
 Very Dissatisfied
16. How relevant was the event to your academic/professional interests?
 Very Satisfied

- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

17. How do you rate the event logistics (venue, seating, timing, etc.)?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

18. Was the event schedule followed appropriately?

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied

19. How do you rate the quality of presentations/speeches?

- Excellent
- Good
- Average
- Below Average
- Poor

20. Were the resource persons/speakers knowledgeable and effective?

- Excellent
- Good
- Average
- Below Average
- Poor

21. Did the event contribute to your understanding of the topic?

- Excellent
- Good
- Average
- Below Average
- Poor

22. Was the information shared useful for your academic/professional growth?

- Excellent
- Good
- Average
- Below Average
- Poor

23. What specific aspects of the event did you find most valuable? *Well planned & managed*

24. What improvements would you suggest for future events? *No*

25. Would you be interested in attending similar events organized by (IQAC/Faculty Name/Cell Name)?

- Definitely Yes
- Probably
- Not Sure
- Probably Not
- Definitely Not

26. Overall, how would you rate the event?

- Excellent
- Good
- Fair
- Poor

[Handwritten Signature]

(Signature of the participant)

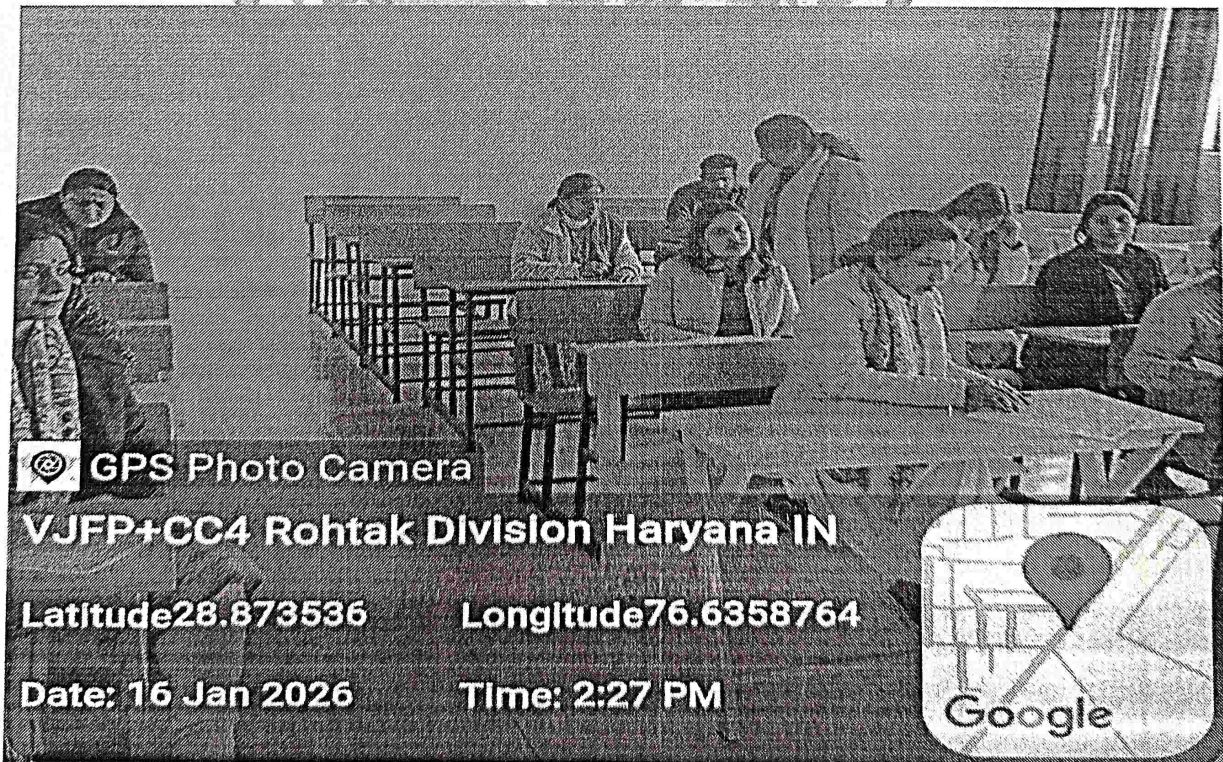
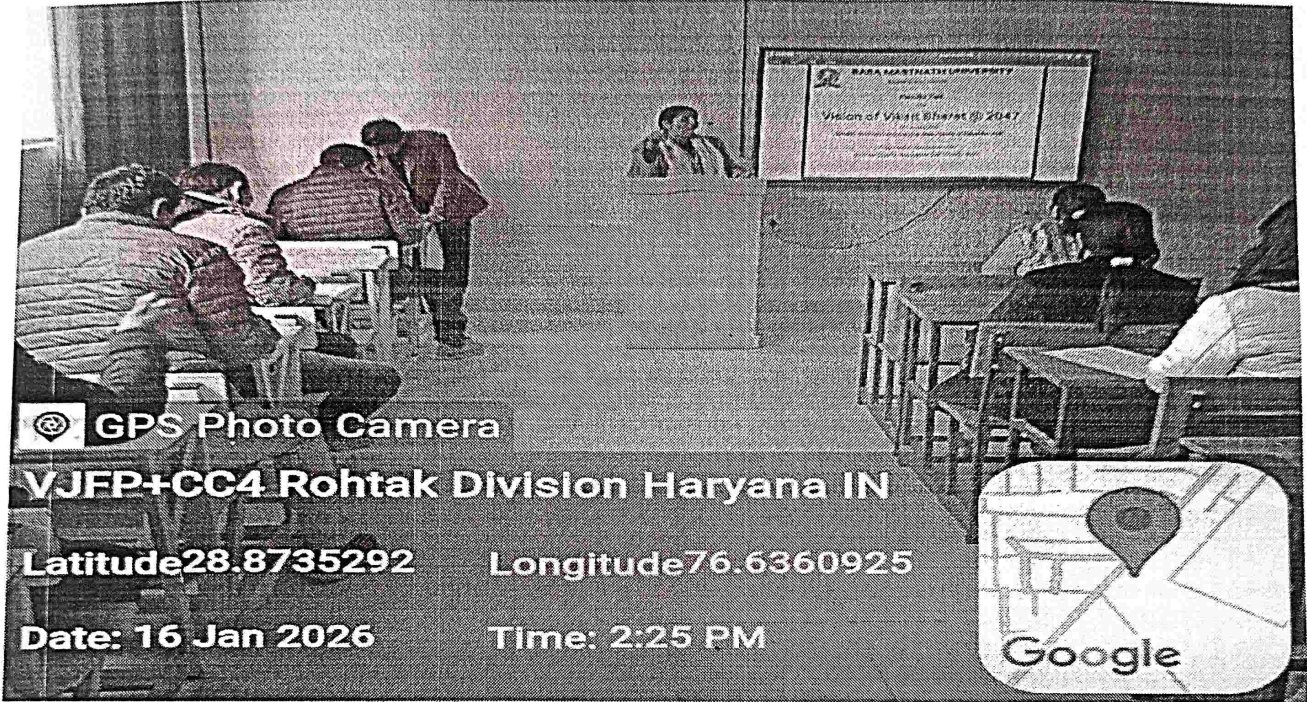
Date: *16/1/26*
Place:



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Photos of Faculty Talk on the Vision of Viksit Bharat @ 2047

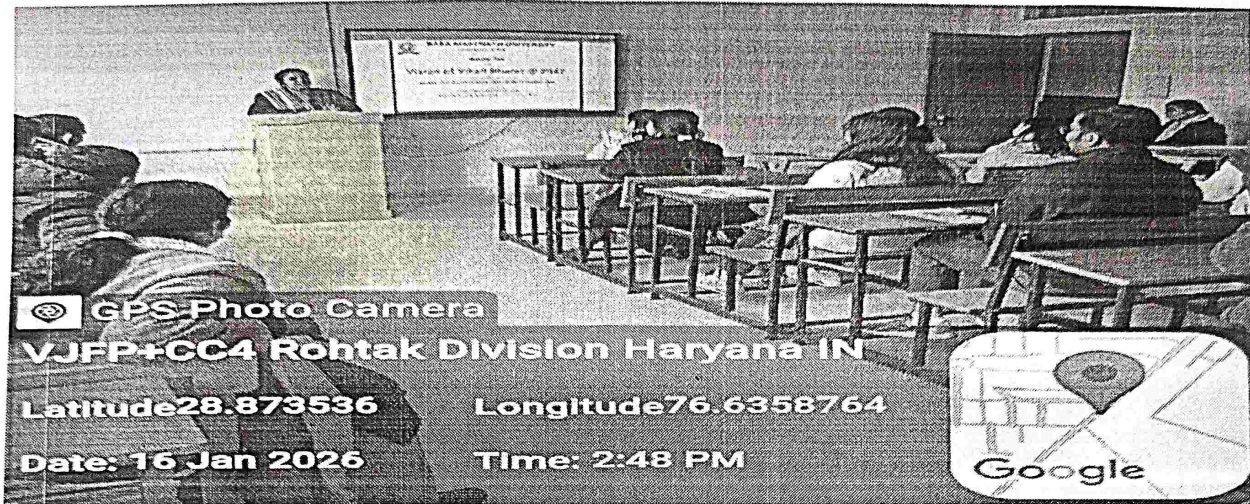
Date: 16/01/2026



Address by Prof. (Dr.) Aruna Anchal, Dean, Faculty of Education and Chairperson, Women Study Centre on the vision of Viksit Bharat @ 2047 on January 16, 2026.



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GPS Photo Camera

VJFP+CC4 Rohtak Division Haryana IN

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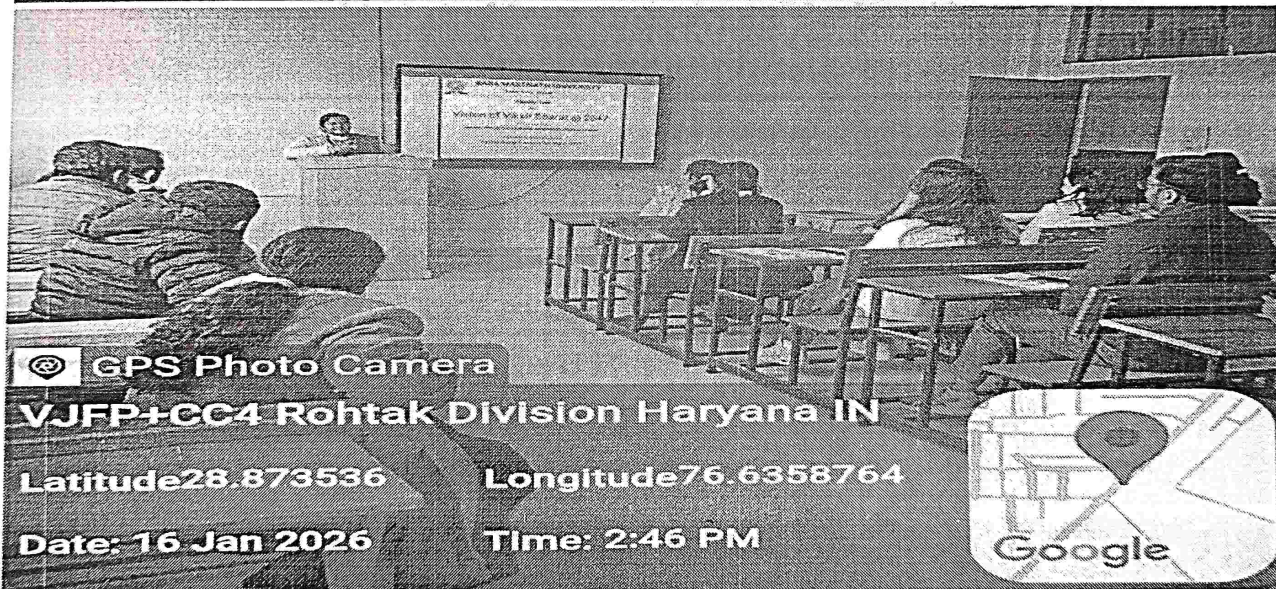
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Google



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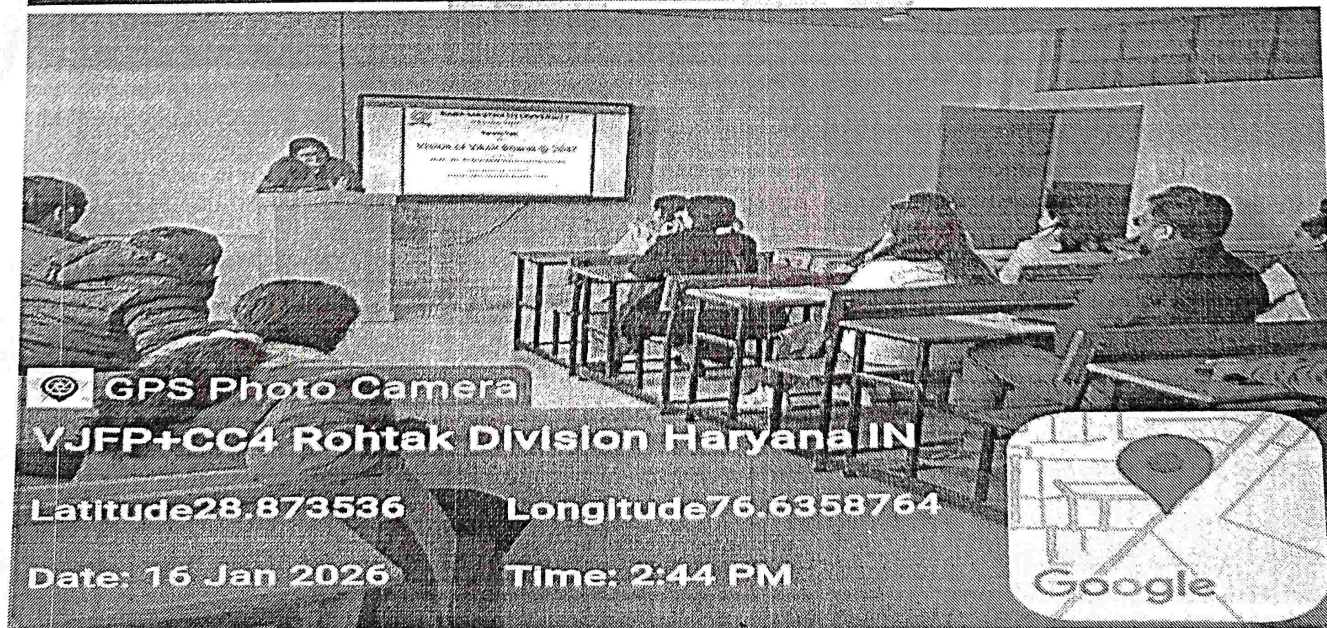
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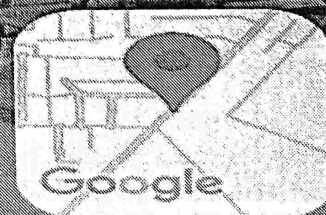
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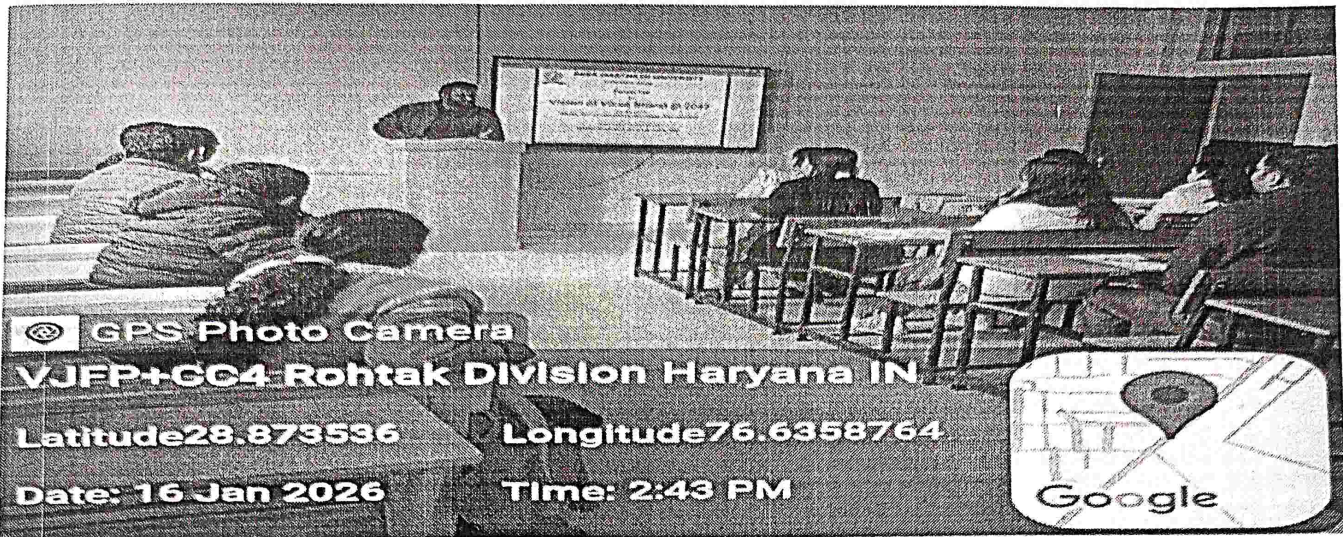
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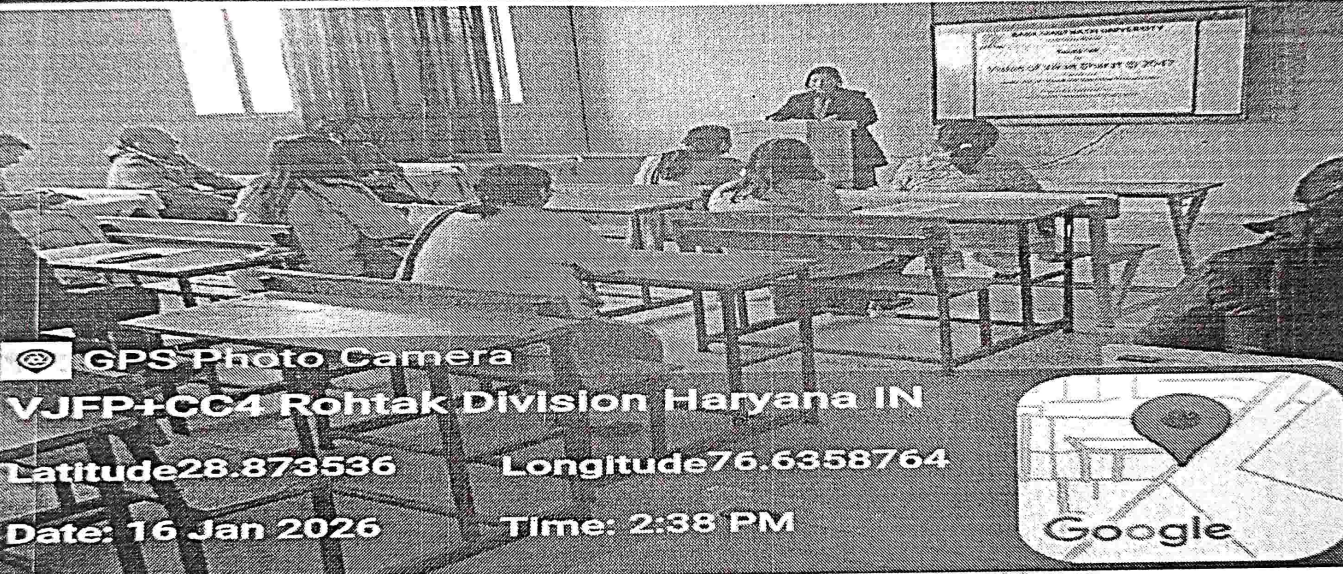
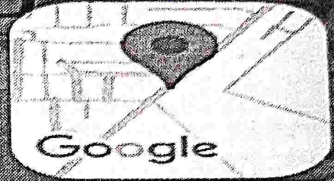
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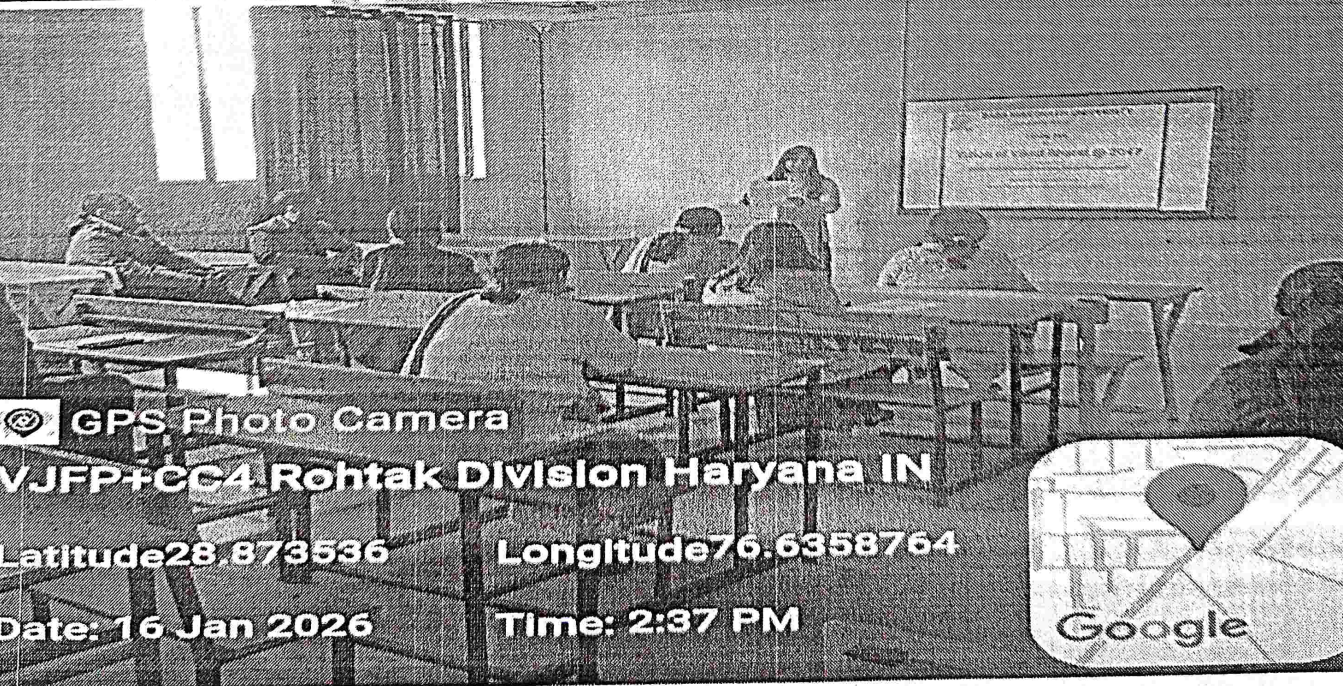
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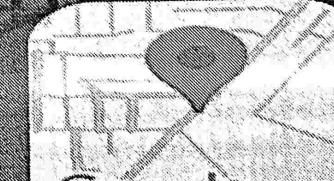
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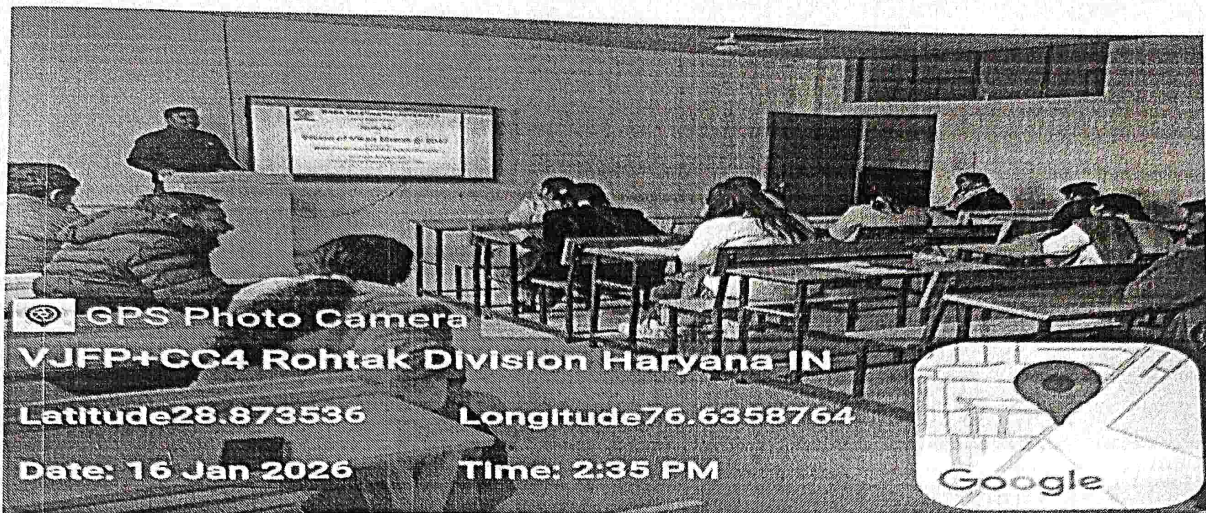
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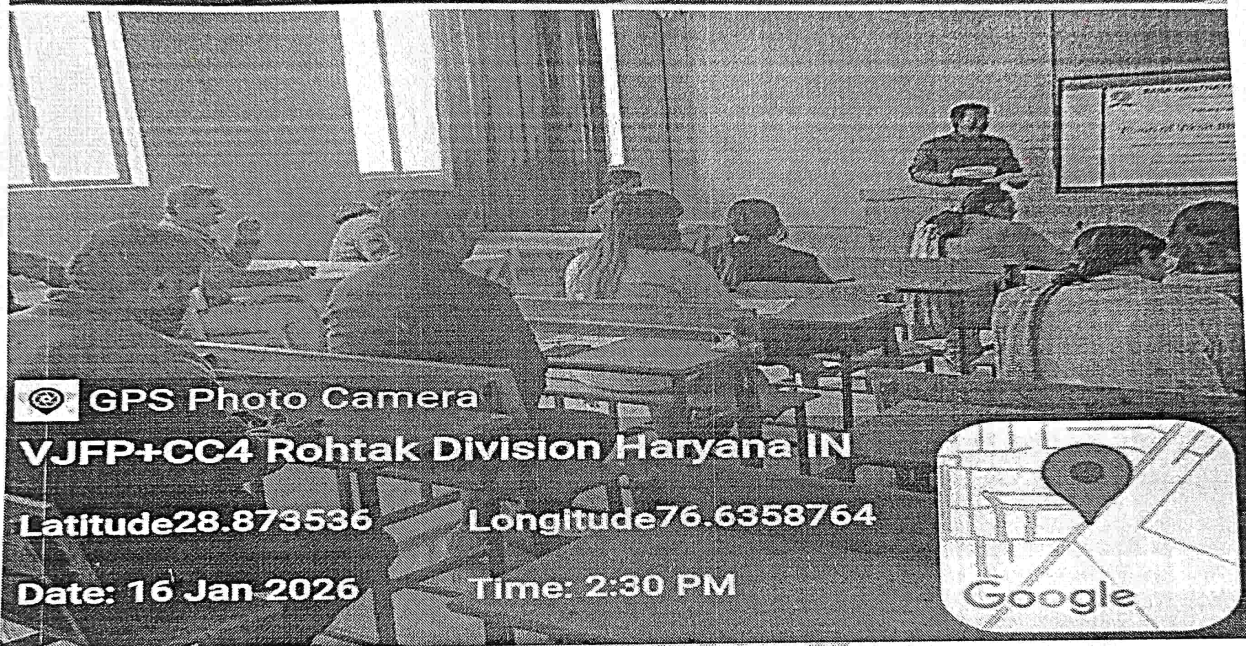
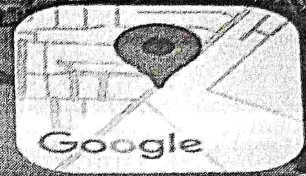
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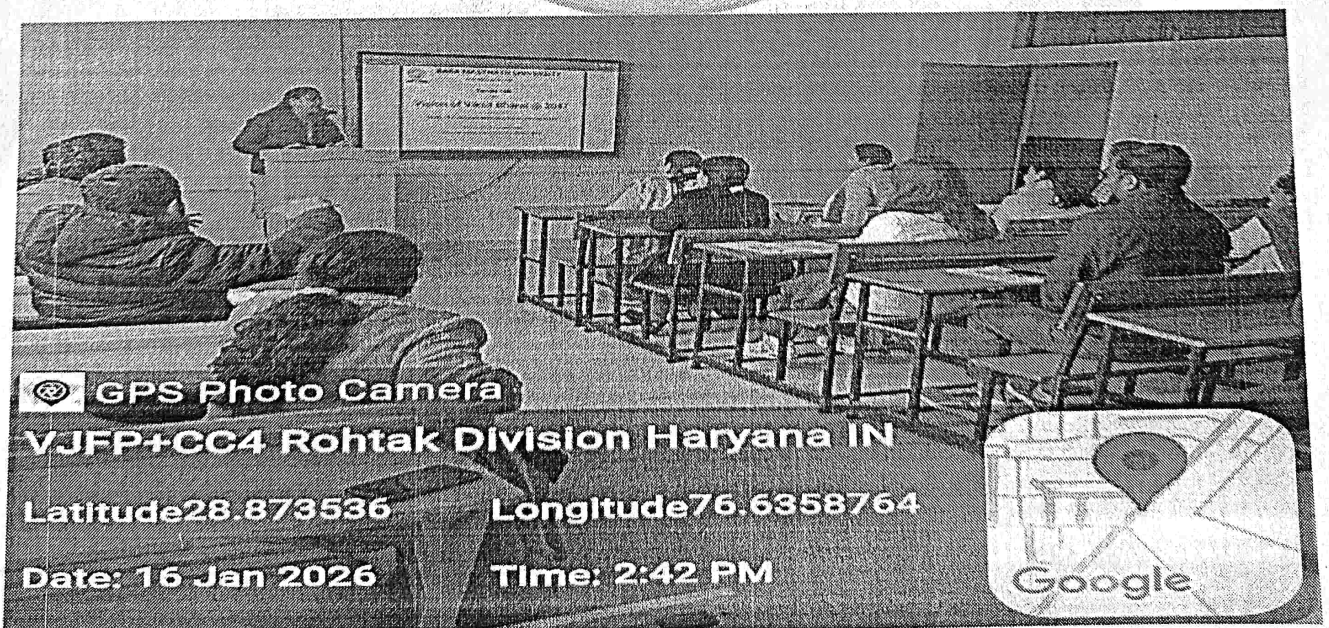
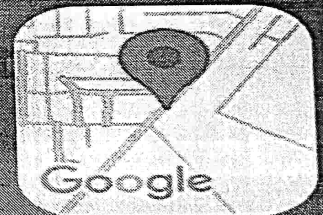
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Time: 2:30 PM



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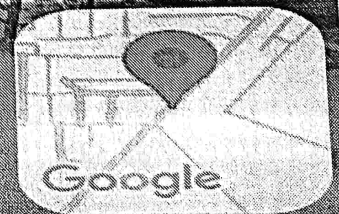
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Longitude 76.6358764

Date: 16 Jan 2026

Time: 2:42 PM



Talks by Faculties of Various Departments on the vision of Viksit Bharat @ 2047 on January 16, 2026.



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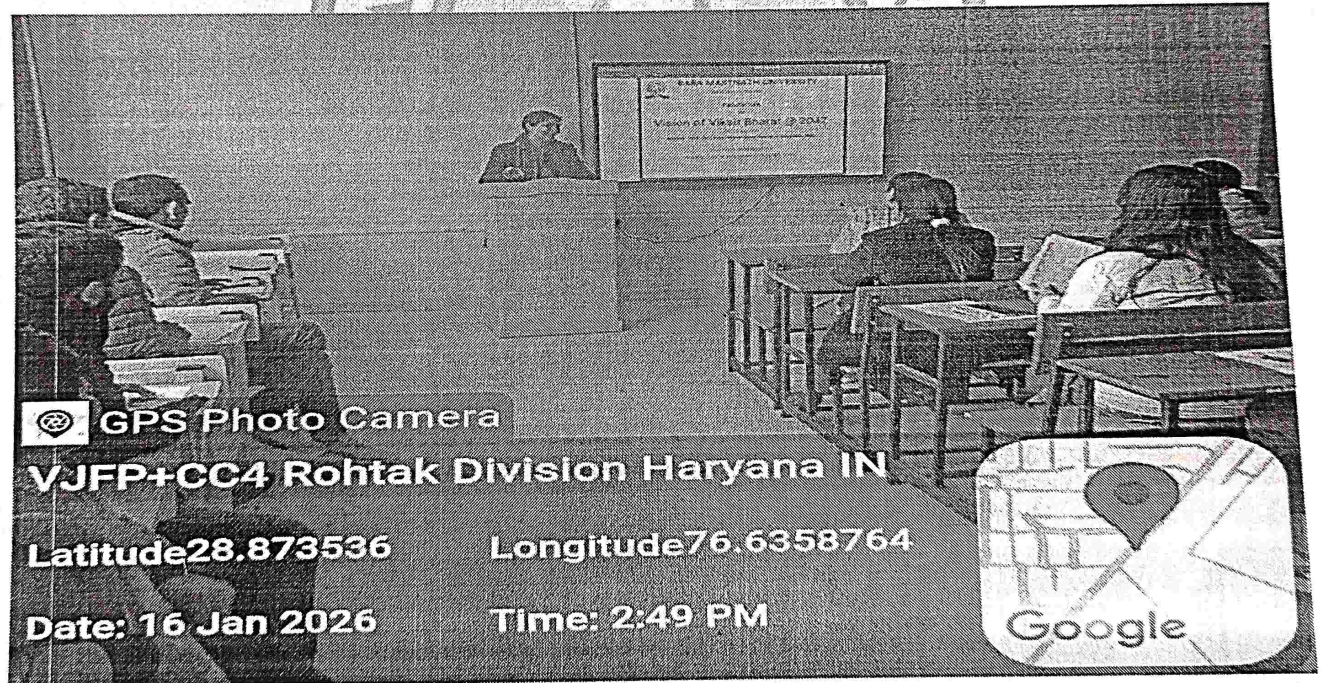
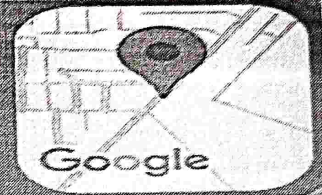
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Longitude 76.6358764

Date: 16 Jan 2026

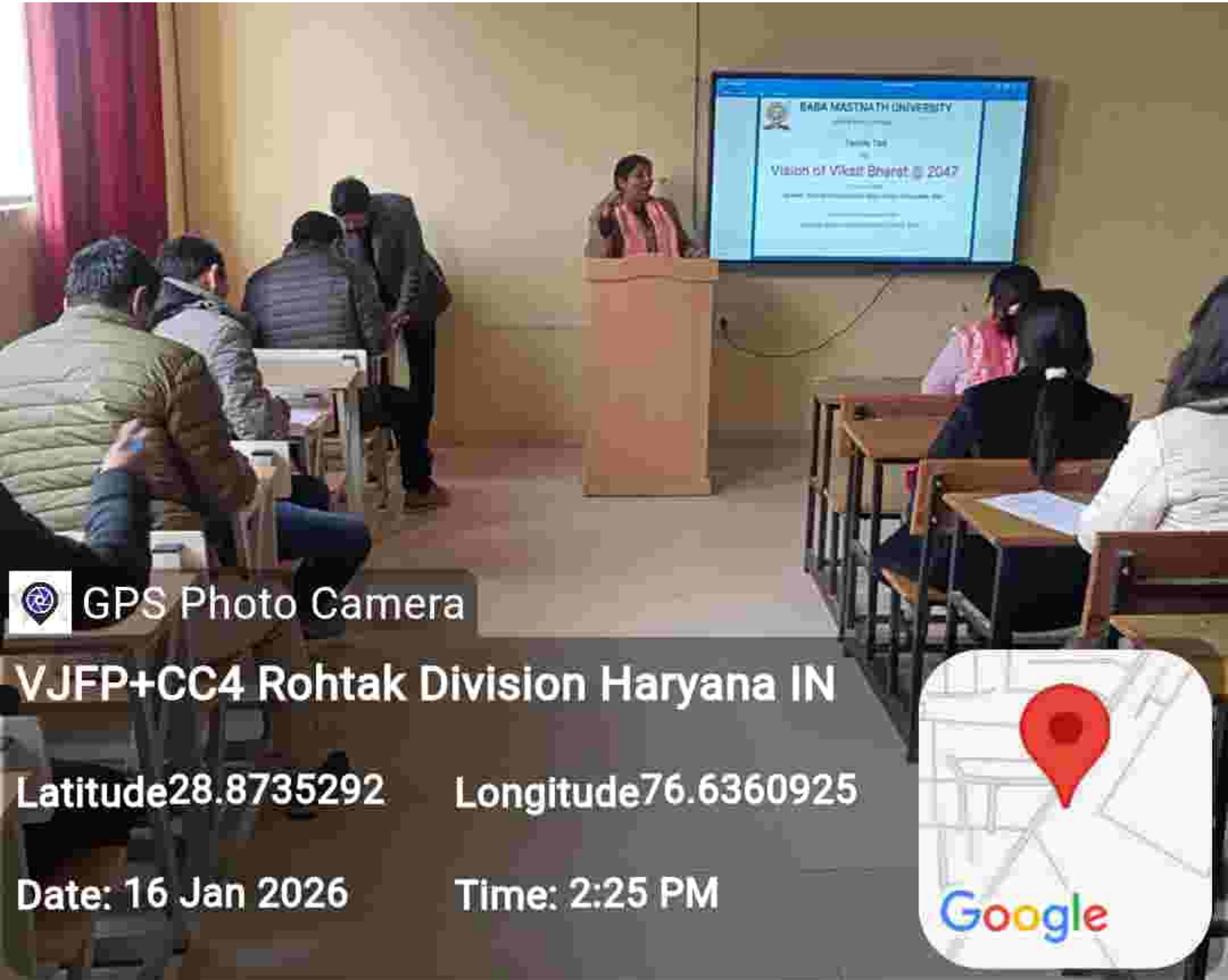
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Vote of Thanks by Dr. Ritu, Nodal Officer, Viksit Bharat @ 2047 on the event Faculty Talk on the Vision of Viksit Bharat @ 2047 on January 16, 2026.

Seema
Organizing Secretary

Ritu
Convener



 GPS Photo Camera

VJFP+CC4 Rohtak Division Haryana IN

Latitude 28.8735292

Longitude 76.6360925

Date: 16 Jan 2026

Time: 2:25 PM





VISION of Vikas

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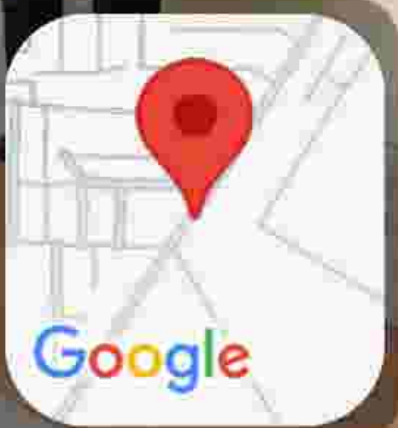
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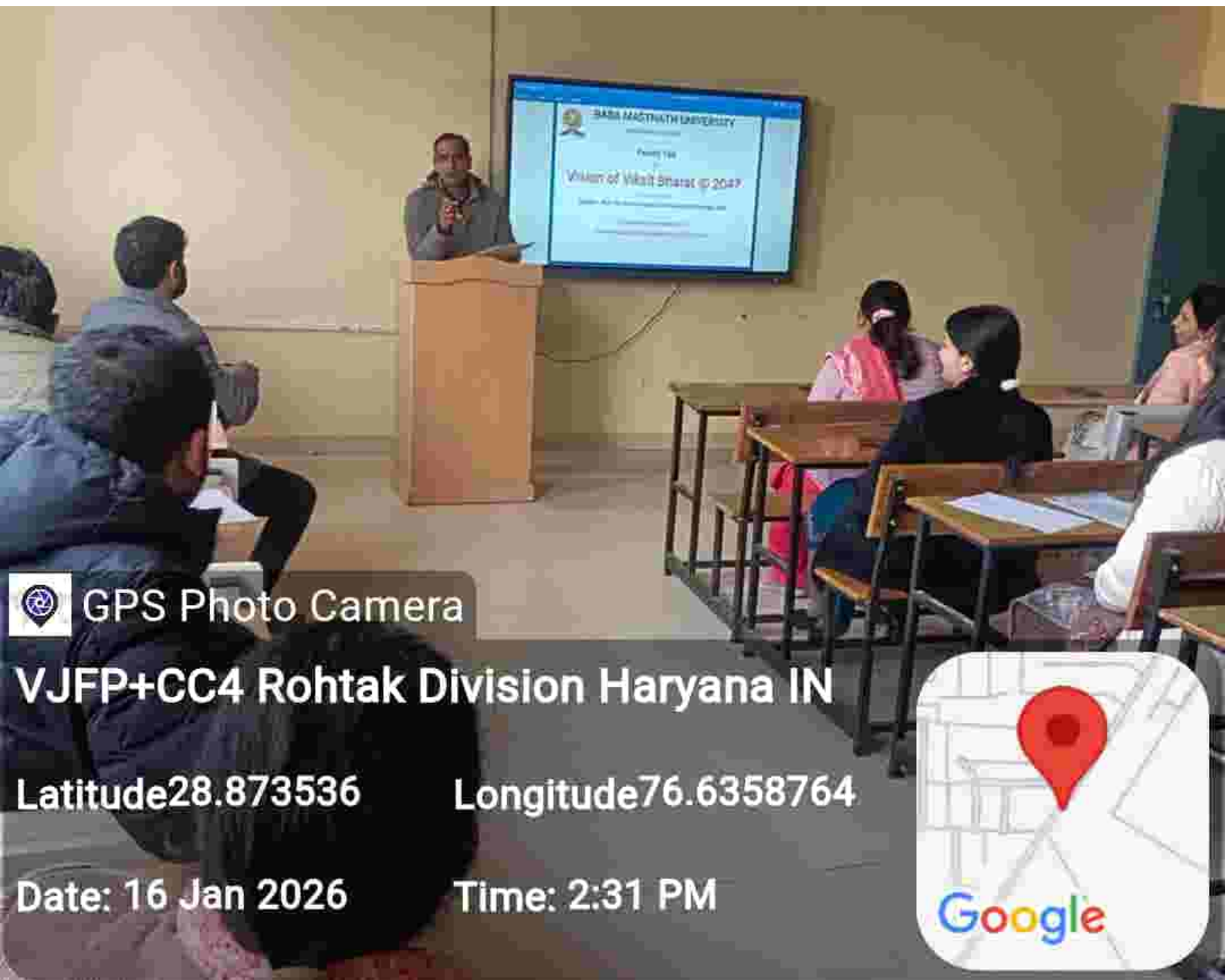
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BABA MASTRATH UNIVERSITY
Page No. 104
Vision of Viksit Bharat @ 2047

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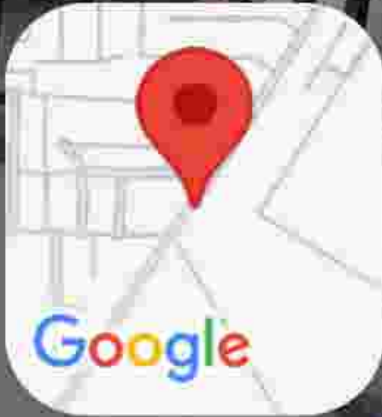
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Longitude 76.6358764

Date: 16 Jan 2026

Time: 2:30 PM





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Date: 16 Jan 2026

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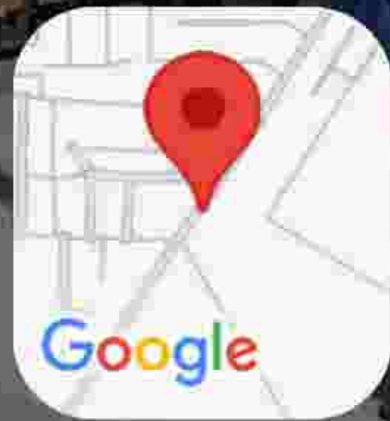
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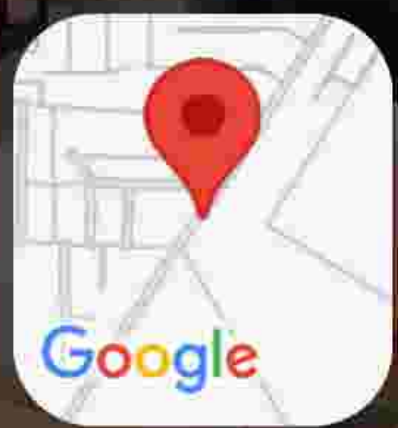
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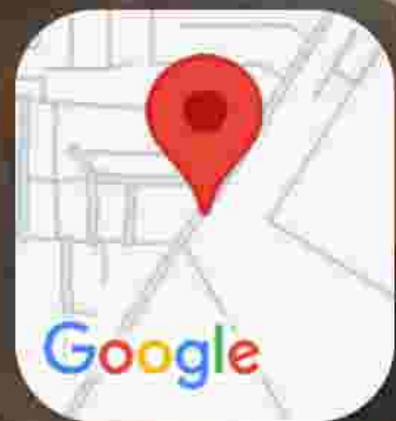
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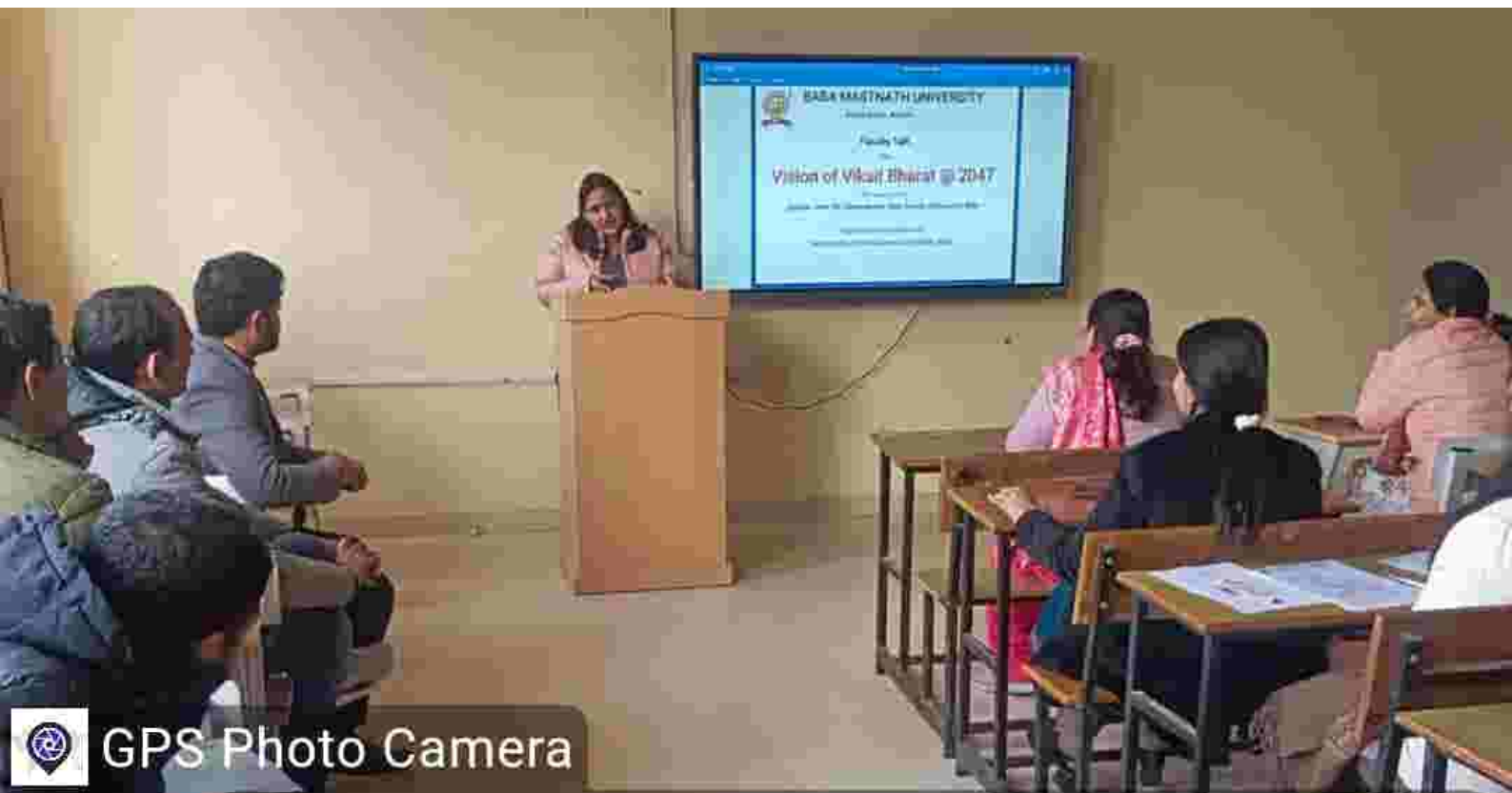
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BABA MASTNATH UNIVERSITY
Faculty Talk
Vision of Viksit Bharat @ 2047

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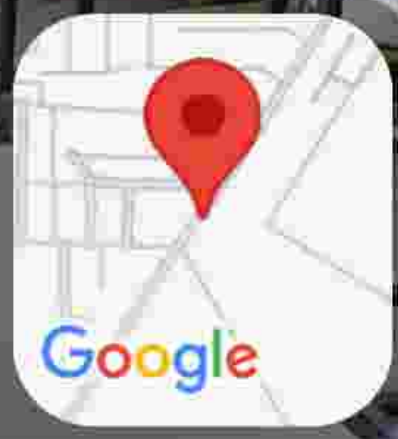
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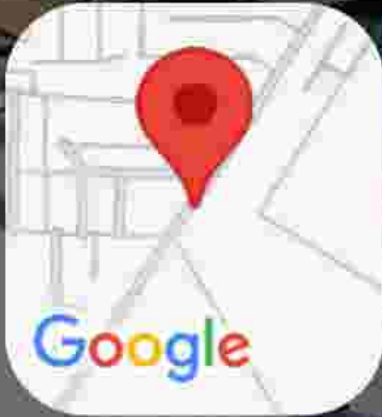
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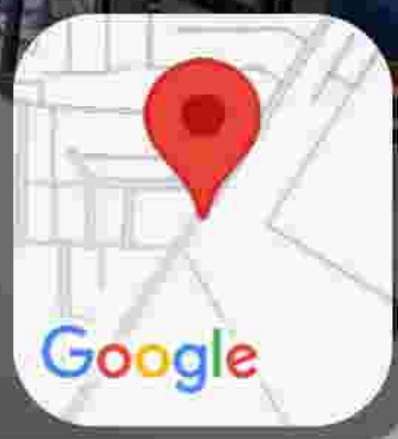
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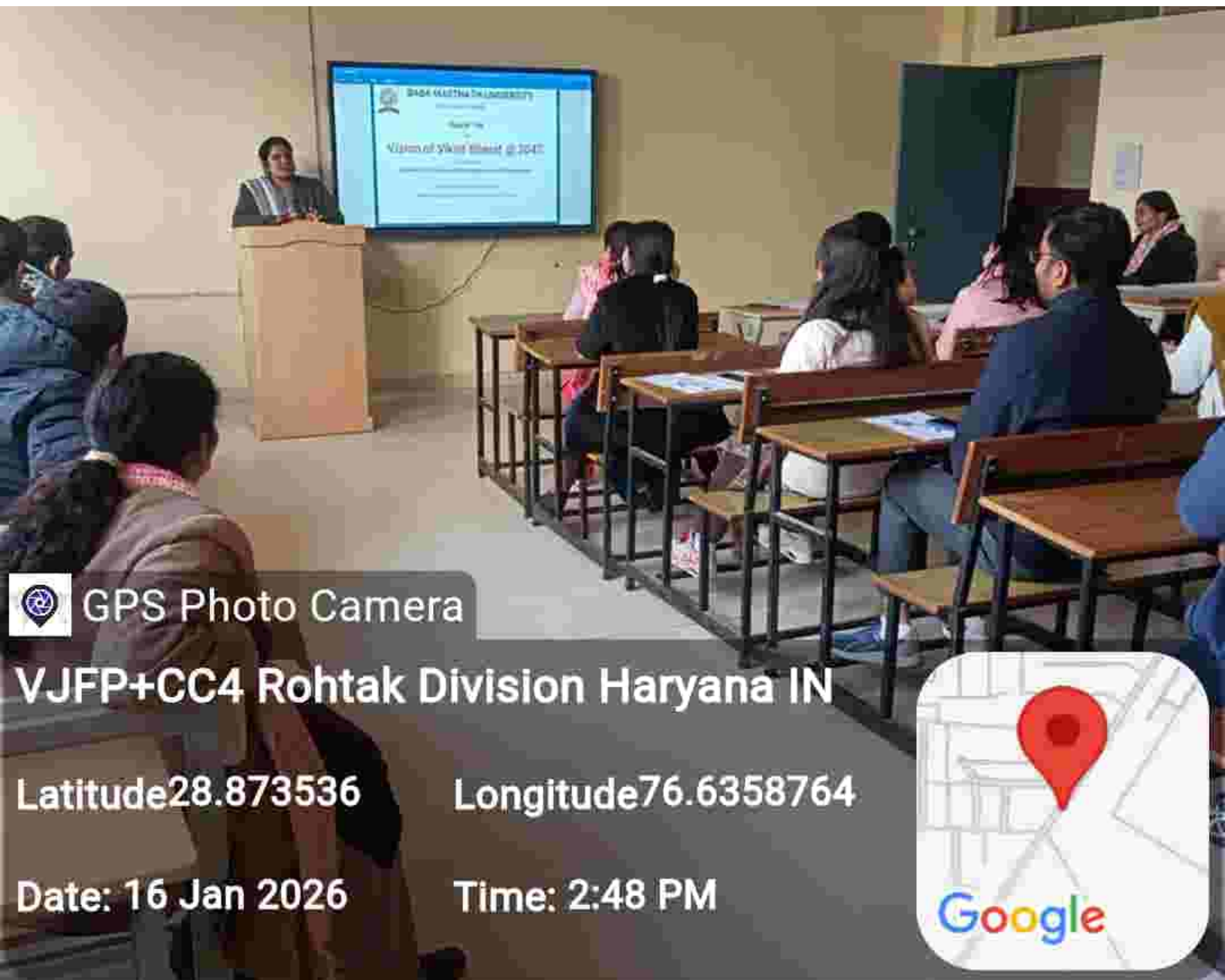
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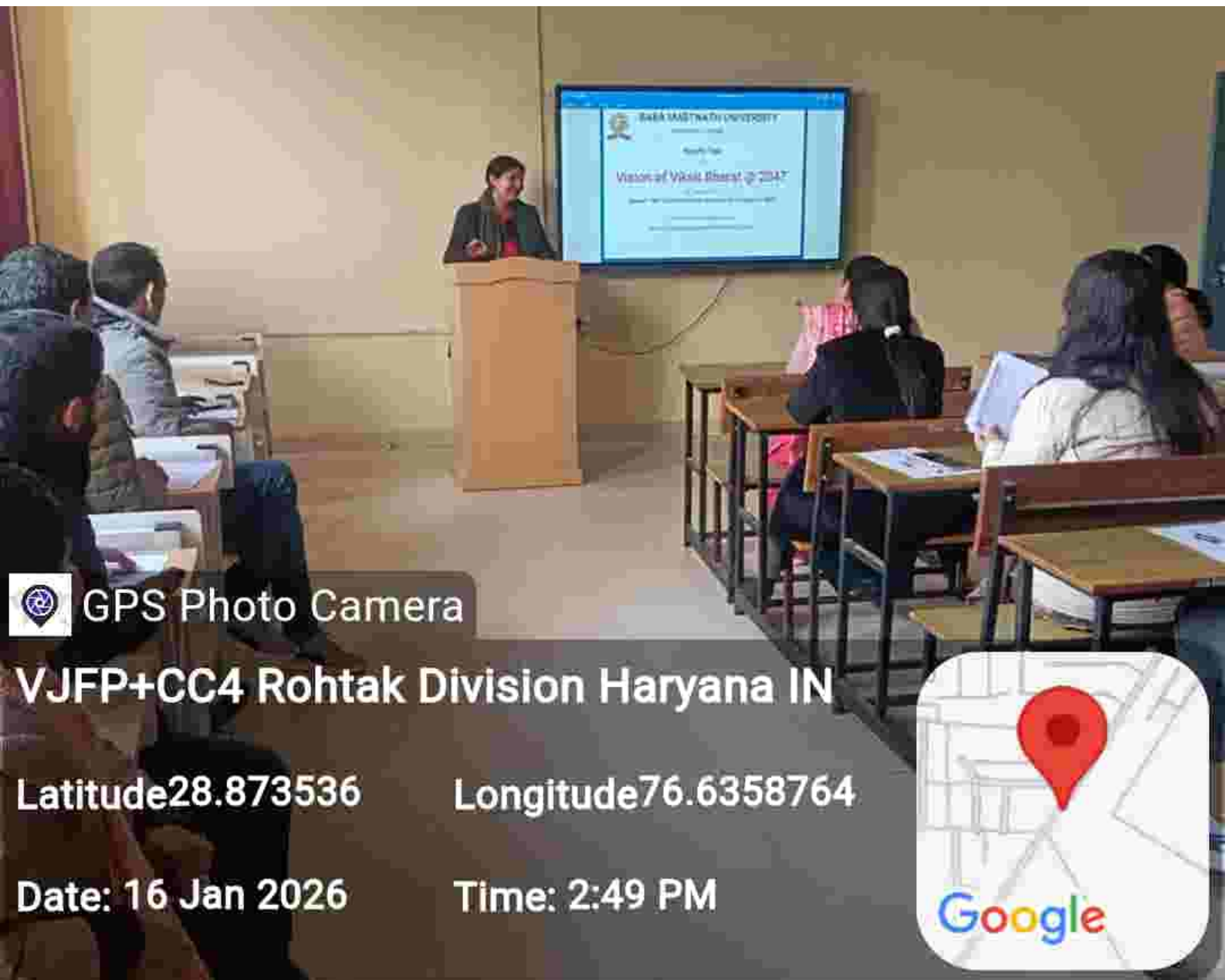
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VJFP+CC4 Rohtak Division Haryana IN

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Longitude 76.6358764

Date: 16 Jan 2026

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Consolidated Feedback Report of IQAC/Departmental Events

1. Event Details

Particular	Description
Title of the Event	Faculty Talk on the Vision of Viksit Bharat @ 2047
Date	16/01/2026
Venue	Seminar Hall
Organized By	Faculty of Law
Target Audience	Faculties of All Departments
Total Participants	30 participants

2. Respondent Profile

Participant Category	Count	Percentage (%)
UG Students	0	0
PG Students	0	0
Ph.D. Scholars	4	13%
Faculty Members	26	87%
Administrative Staff	0	0
External Participants	0	0

विधेयम् जन सेवनाम्

Faculty Representation	Count
Faculty of Ayurveda	0
Faculty of Physiotherapy	0
Faculty of Sciences	0
Other Faculties	26



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3. Summary of Feedback

Feedback Criteria	Very Satisfied / Excellent (%)	Satisfied / Good (%)	Neutral / Average (%)	Dissatisfied (%)	Very Dissatisfied / Poor (%)
Organization of the Event	100 %				
Relevance to Academic/Professional Interests	100 %				
Event Logistics (venue, timing, etc.)	100 %				
Schedule Adherence	100 %				
Quality of Presentations	100 %				
Knowledge and Effectiveness of Speakers	100 %				
Usefulness for Growth	100 %				
Overall Rating of the Event	100 %				

4. Key Highlights from Participant Comments

Most Valuable Aspects Identified:

- Very Informative
- Well managed event
- Good event

Suggestions for Improvement: No



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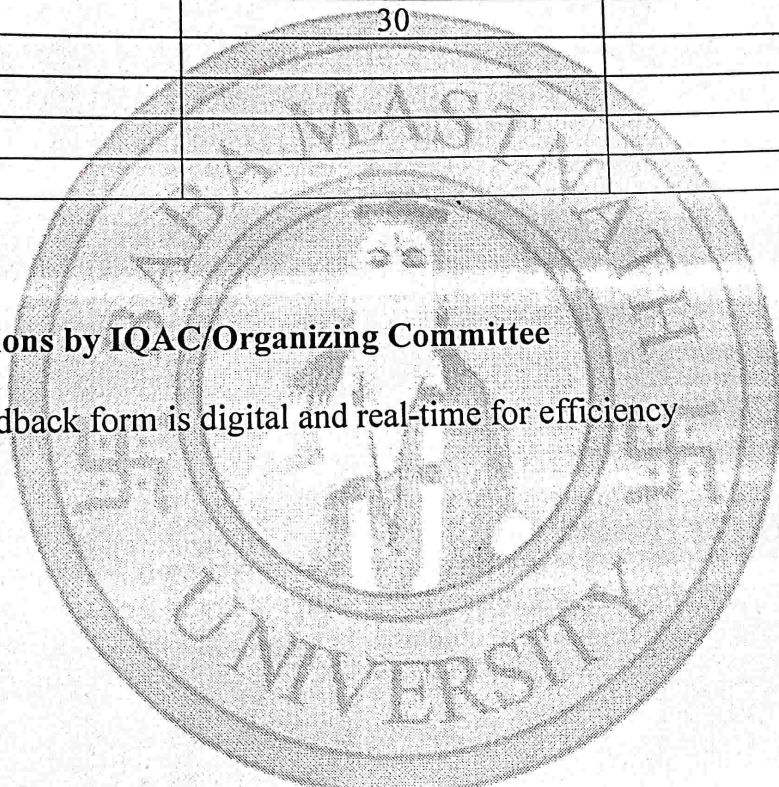
Recognized by the UGC vide Letter No: F.8-14/2012 (CPP-1/PU) Dated 05-01-2016

5. Interest in Future Events

Response	Count	Percentage (%)
Definitely Yes	30	100
Probably		
Not Sure		
Probably Not		
Definitely Not		

6. Recommendations by IQAC/Organizing Committee

- Ensure feedback form is digital and real-time for efficiency



Seema
Signature of Organizing Secretary

[Signature]
Signature of the Convener

विधेयम् जन सेवनम्



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Report

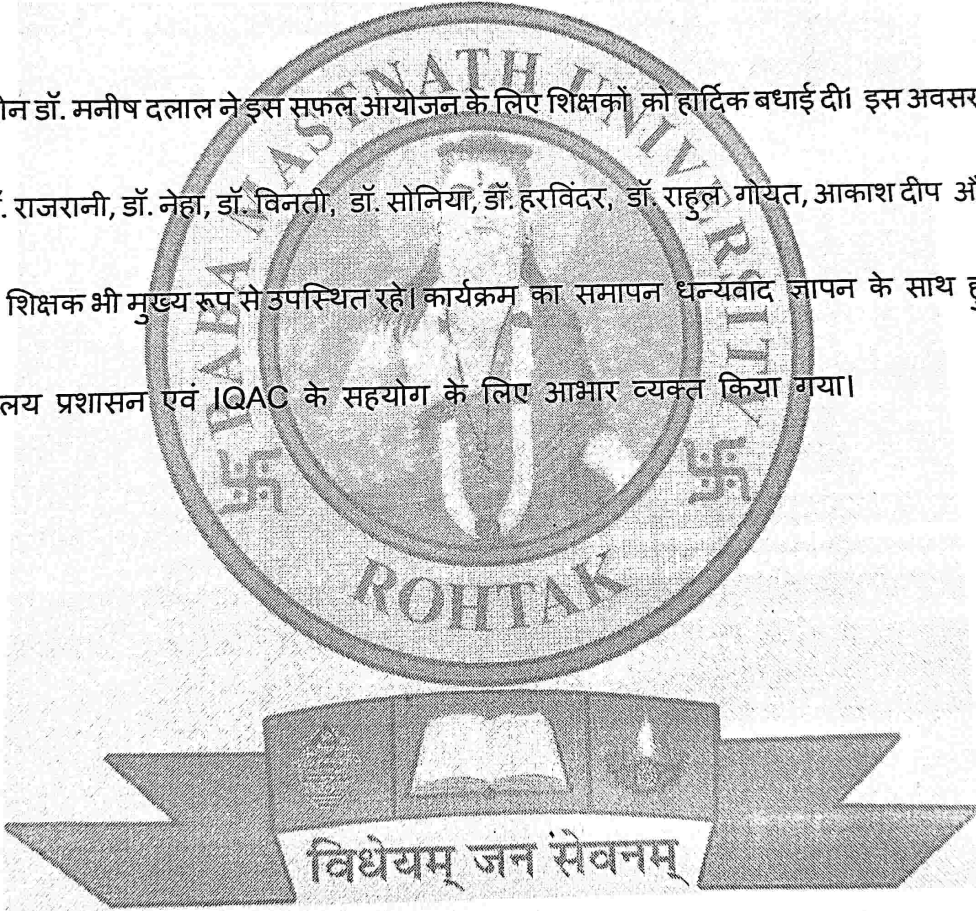
बाबा मस्तनाथ विश्वविद्यालय में विकसित भारत @2047 विषय पर फैकल्टी टॉक का आयोजन

माननीय कुलपति प्रोफेसर (डॉ.) बी एम यादव और रजिस्ट्रार (डॉ.) विनोद कुमार के कुशल मार्गदर्शन में बाबा मस्तनाथ विश्वविद्यालय शैक्षणिक सत्र 2025-26 के अंतर्गत आंतरिक गुणवत्ता आश्वासन प्रकोष्ठ (IQAC) के तत्वावधान में "विकसित भारत @2047 की परिकल्पना" विषय पर एक फैकल्टी टॉक का आयोजन किया गया।

इस कार्यक्रम की संयोजक डॉ. रितु तथा आयोजन सचिव डॉ. सीमा देवी रहीं। कार्यक्रम में मुख्य वक्ता के रूप में प्रो. (डॉ.) अरुणा आंचल, डीन, शिक्षा संकाय, बाबा मस्तनाथ विश्वविद्यालय ने अपने विचार प्रस्तुत किए। उन्होंने भारत को वर्ष 2047 तक एक विकसित राष्ट्र बनाने की संकल्पना, शिक्षा की भूमिका, सुशासन तथा युवाओं की सहभागिता पर विस्तार से प्रकाश डाला। अपने प्रेरणादायक संबोधन में उन्होंने विकसित भारत की संकल्पना पर विस्तार से प्रकाश डालते हुए कहा कि शिक्षा, कानून, सुशासन, सामाजिक समरसता और नैतिक मूल्यों के बिना राष्ट्र का समग्र विकास संभव नहीं है। उन्होंने युवाओं को राष्ट्र निर्माण की धुरी बताते हुए कहा कि उनके विचार, कौशल और सकारात्मक दृष्टिकोण ही भारत के भविष्य की दिशा तय करेंगे।

फैकल्टी टॉक में संकाय सदस्यों एवं अनेक विभागों के शिक्षक ने सक्रिय सहभागिता की और राष्ट्र निर्माण से जुड़े महत्वपूर्ण विषयों पर विचार-विमर्श किया। कार्यक्रम का उद्देश्य शैक्षणिक समुदाय को विकसित भारत की राष्ट्रीय संकल्पना से जोड़ना तथा जिम्मेदार नागरिक बनने के लिए प्रेरित करना रहा। व्याख्यान के दौरान राष्ट्र निर्माण में शिक्षा एवं विधि की भूमिका पर सार्थक चर्चा हुई। प्रतिभागियों ने विकसित भारत की दिशा में शिक्षा एवं विधि की भूमिका पर अपने विचार साझा किए। इस संवादात्मक सत्र ने कार्यक्रम को और अधिक प्रभावशाली बना दिया।

विभाग के डीन डॉ. मनीष दलाल ने इस सफल आयोजन के लिए शिक्षकों को हार्दिक बधाई दी। इस अवसर पर डॉ. परमीला, डॉ. राजरानी, डॉ. नेहा, डॉ. विनती, डॉ. सोनिया, डॉ. हरविंदर, डॉ. राहुल गोयत, आकाश दीप और अन्य विभागों के शिक्षक भी मुख्य रूप से उपस्थित रहे। कार्यक्रम का समापन धन्यवाद जापन के साथ हुआ तथा विश्वविद्यालय प्रशासन एवं IQAC के सहयोग के लिए आभार व्यक्त किया गया।



Siema
Organizing Secretary

Rita
Convener