



A
Project Report on
**METALLIC ALLIES: EXPLORING ANTIMICROBIAL
RESISTANCE METAL COMPLEXES**

Submitted by
Abhishek Chowdhury
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Under the guidance of
Dr. Sagarika Deepthy Tallapragada

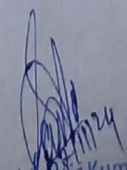
In partial fulfilment of the Requirement for the Degree of
Bachelor of Pharmacy

Submitted to
**Maulana Abul Kalam Azad University of Technology
West Bengal**

**Dr. B. C. Roy College of Pharmacy and Allied Health Sciences
Durgapur 713206**

Academic Year: 2023 - 2024




Prof. (Dr.) Sagarika Kumar Samanta
M. Pharm. (J.U.)
Dr. B. C. Roy College of Pharmacy & AHS
Durgapur, West Bengal - 713206

DECLARATION

I hereby declare that the Project **Metallie Allies: Exploring Antimicrobial Resistance Metal Complexes** in partial fulfilment of the requirement for the award of Bachelor of Pharmacy submitted to Maulana Abul Kalam Azad University of Technology, West Bengal, is an authentic record of bona fide work carried out by me under the guidance of Dr. Sagarika Deepthy Tallapragada

The matter embodied in this Project has not been submitted for the award of any other degree or diploma to any University / Institution.

Abhishek chowdhury 03/06/2024
Signature

Name of Candidate: Abhishek Chowdhury

Roll No:18901920018

Date:03/06/2024

Place: Dr. Meghnad Saha Sarani, Bidhannagar, Durgapur, West Bengal, 713212



Prof. (Dr.) Sagarika Deepthy Tallapragada
M. Pharm. (Pharmaceutics)

Dr. Sagarika Deepthy Tallapragada
Durgapur, West Bengal - 713206

CERTIFICATE

This is to certify that the Project entitled **Metallic Allies: Exploring Antimicrobial Resistance Metal Complexes** by **Abhishek Chowdhury** in partial fulfilment for the **BACHELOR OF PHARMACY** under **MAULANA ABUL KALAM AZAD UNIVERSITY OF TECHNOLOGY** is a record of the original research work under our supervision and up to our satisfaction. To our knowledge, neither his/her thesis nor any part of it has been submitted for any other academic award anywhere before. The thesis is forwarded to Controller of Examination **MAULANA ABUL KALAM AZAD UNIVERSITY OF TECHNOLOGY** for assessment.

Dr. T. Sagarika Deepthy
03/06/24

Signature of Supervisor

Name of Supervisor:

Date:

Place:

PROF (DR.) SAMIR KR. SAMANTA
(PRINCIPAL)

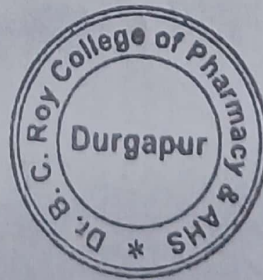
Date:

Place:

Signature of External Examiner

Date:

Place:



Prof. (Dr.) Samir Kumar Samanta
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