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Project Report on  
**Pharmaceutical Waste Management**

*Submitted by*

**ANWESHA BANDYOPADHYAY**

*University Regn. No.- 201890201910062*

*Roll No. – 18901920043*

Under the guidance of

**Dr.Subhabrata Ray**

Professor (Dept.of Pharmaceutics), BCRCP

In partial fulfilment of the Requirement for the

Degree of

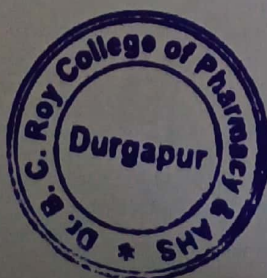
**Bachelor of Pharmacy**

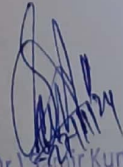
Submitted to

**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.) Samir Kumar Samanta  
M. Pharm., Ph D (J.U.)  
Pharmacology  
Dr. B. C. Roy College of Pharmacy & AHS  
Durgapur, West Bengal-713206



## DECLARATION

I hereby declare that the Project entitled "Pharmaceutical Waste Management" in partial fulfillment of the requirement for the award of Bachelor of Pharmacy submitted to MaulanaAbulKalam Azad University of Technology, West Bengal, is an authentic record of bona fide work carried out by me under the guidance of Dr. Subhabrata Ray

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

Anwesha Bandyopadhyay

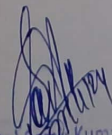
Name Of Candidate: Anwesha Bandyopadhyay

Roll No: 18901920043

Date: 03/06/2024

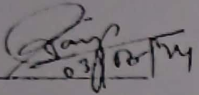
Place: Durgapur



  
Prof. (Dr.) Samir Kumar Samanta  
M. Pharm., Ph.D (J.U.)  
Principal  
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Durgapur, West Bengal-713206

## CERTIFICATE

This is to certify that the Project entitled "Pharmaceutical Waste Management" by ANWESHA BANDYOPADHYAY in partial fulfillment 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 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.

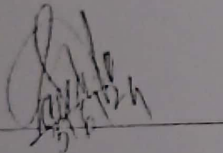


Signature of Supervisor

Name of Supervisor: DR. SUBHABRATARNY

Date:

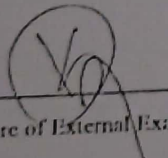
Place:



PROF (DR.) SAMIR KUMAR SAMANTA  
(PRINCIPAL)

Date:

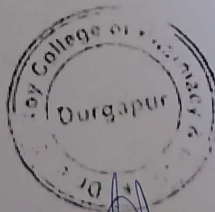
Place:



Signature of External Examiner

Date:

Place:



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