



A  
Project Report on

## Market Analysis on Novel Drug Delivery System

*Submitted by*

**BIDHAKAR RAY**

*University Regn. No. - 201890201910048 of 2020-21*

*Roll No. - 18901920057*

Under the guidance of

**Mrs. RITUPARNA CHAKI GHOSH**

Assistant Professor (dept. Pharmaceutics)

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

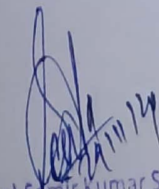
Submitted to

**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.)  
Principal  
Dr. B.C. Roy College of Pharmacy & AHS  
Durgapur, West Bengal-713206



## DECLARATION

I hereby declare that the Project entitled "**Market Analysis on Novel Drug Delivery System**" 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 **Assistant Prof. Rituparna Chaki Ghosh**.

The matter embodied in this Project has not been submitted for the award of any other degree or diploma to any **Maulana Abul Kalam Azad University of Technology**.

Bidhakar Ray  
Signature

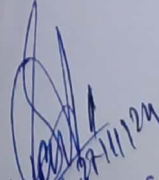
Name of Candidate: Bidhakar Ray

Roll no: 18901920057

Date: 03/06/2024

Place: Durgapur.



  
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## CERTIFICATE

This is to certify that the Project entitled "Market Analysis on Novel Drug Delivery System" by Bidhakar Ray 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.

*[Handwritten Signature]*  
3/6/24

Signature of Supervisor

Name of Supervisor:-

Date:

Place:

*[Handwritten Signature]*  
3/6/24

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

Date:

Place:

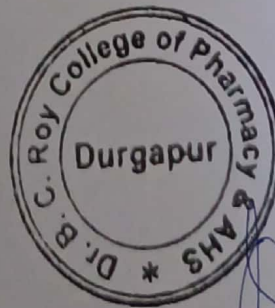
*[Handwritten Signature]*

Signature of External Examiner

Date: 3/6/24

Place:

Durgapur



*[Handwritten Signature]*  
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