



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

Submitted by
Indranil Kundu
University Regn. No. -201890201910061
Roll No. -18901920044

Under the guidance of
Dr. Sagarika Deepthy Tallapragada

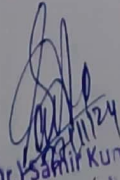
In partial fulfilment of the Requirement for the Degree of
Bachelor of Pharmacy

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



DECLARATION

I hereby declare that the Project **Metallic 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.

Indranil Kundu / 03/06/2024

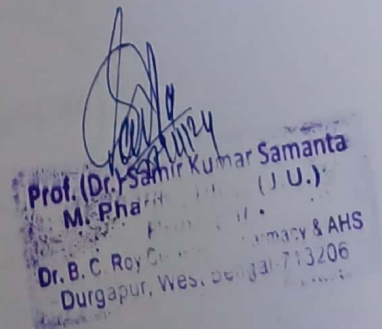
Signature

Name of Candidate: Indranil Kundu

Roll No: 18901920044

Date: 03/06/2024

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



CERTIFICATE

This is to certify that the Project entitled **Metallic Allies: Exploring Antimicrobial Resistance Metal Complexes** by **Indranil Kundu** 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:

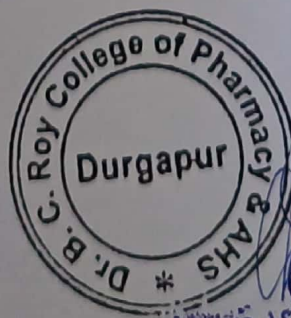
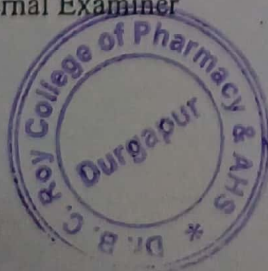
Place:




Signature of External Examiner

Date:

Place:




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