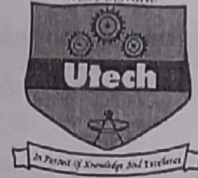




MAULANA ABUL KALAM AZAD  
UNIVERSITY OF TECHNOLOGY,  
WEST BENGAL



A

Project Report on

**Radioimmunoassay**

Submitted by

**Saumyabrata Bhattacharya**

*University Regn. No. -201890201910020*

*Roll No. -18901920085*

Under the guidance of

**Dr. Amit Kumar Halder**

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

Submitted to

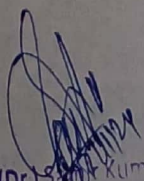
**Maulana Abul Kalam Azad University of Technology  
West Bengal**

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

**Durgapur 713206**

**Academic Year: 2023 - 2024**



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



## DECLARATION

I hereby declare that the Project entitled **Radioimmunoassay** in partial fulfillment 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. Amit Kumar Halder**.

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

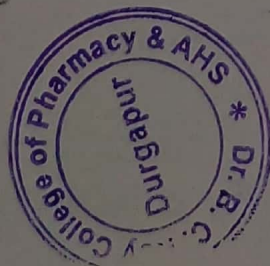
Saumyabrata Bhattacharya  
Signature

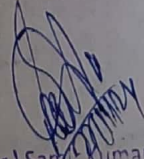
Name of Candidate: **Saumyabrata Bhattacharya**

RollNo: **18901920085**

Date: **03/06/2024**

Place: **Dr. B. C. Roy College of Pharmacy & A.H.S.**



  
Prof. (Dr) Sandip Kumar Samanta  
M. Pharm (U.U.)  
Dr. B. C. Roy College of Pharmacy & AHS  
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## CERTIFICATE

This is to certify that the Project entitled **Radioimmunoassay** by **Saumyabrata Bhattacharya** 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 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.

Amit Kumar Hazder

Signature of Supervisor

Name of Supervisor: DR. AMIT KUMAR HAZDER

Date: 03/06/2024

Place: Durgapur

Prof. (Dr.) Samir Kr. Samanta

(PRINCIPAL)

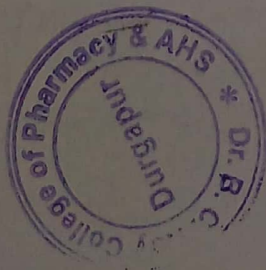
Date:

Place:

Signature of External Examiner

Date:

Place:



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