



A
Project Report on

BIOLOGICAL ACTIVITIES OF INDOLE DERIVATIVES

Submitted by
SAYAN HATI

University Regn. No. -201890201910040

Roll No. -18901920065

Under the guidance of
Dr. SUDIP KUMAR MANDAL
Asst. Professor

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



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



DECLARATION

I hereby declare that the Project entitled " **BIOLOGICAL ACTIVITIES OF INDOLE DERIVATIVES** " 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. SUDIP KUMAR MANDAL**.

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

Sayan Hati
Signature

Name of Candidate: **SAYAN HATI**

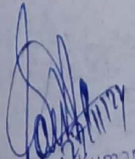
Roll No: **18901920065**

Date: **03/06/24**

Place **Durgapur**



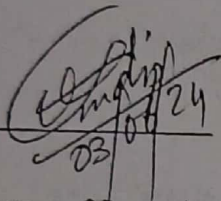
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Prof. (Dr.) Samir Kumar Samanta
M. Pharm. Ph.D. (I.U.)
Principal
Dr. B. C. Roy College of Pharmacy & AHS
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CERTIFICATE

This is to certify that the Project entitled " **BIOLOGICAL ACTIVITIES OF INDOLE DERIVATIVES** " by **SAYAN HATI** 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 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.

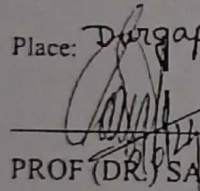


Signature of Supervisor

Name of Supervisor: *Sudip Kumar Mandal*

Date: *03/06/24*

Place: *Durgapur*

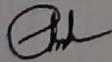


PROF (DR.) SAMIR KR. SAMANTA

(PRINCIPAL)

Date:

Place:




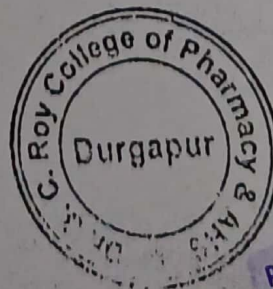
Signature of External Examiner

Date: *31/6/24*

Place: *Durgapur*



(II)



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