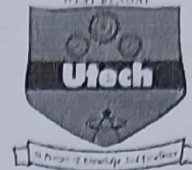




MAULANA ABUL KALAM AZAD
UNIVERSITY OF TECHNOLOGY
WEST BENGAL



A

Project Report on pt883

REVIEW ON USE OF CASPASES FOR TARGETED DRUG DELIVERY

Submitted by

SAYAN NANDI

University Regn. No. -201890201910072 of 2020-2021

Roll No. -18901920033

Under the guidance of

DR. ABHIK SI

Associate Professor

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

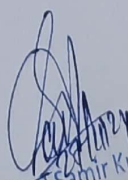
Submitted to

**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




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 **REVIEW ON USE OF CASPASES FOR TARGATED DRUG DELIVARY** in partial fulfilment of the requirement for the award of Bachelor of Pharmacy submitted to **Maulana Abul Kalam Azad University of Technology, West Bengai**, is an authentic record of bona fide work carried out by me under the guidance of **Mr. ABHIK SI.**

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

Sayan Nandi.

Signature

Name of Candidate: *Sayan Nandi.*

Roll No: *18901920033*

Date: *03.06.2024*

Place: *Durgapur.*



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

This is to certify that the Project entitled **REVIEW ON USE OF CASPASES FOR TARGETED DRUG DELIVERY** by **SAYAN NANDI** 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.



Signature of Supervisor

Name of Supervisor: **Dr. Abhik S.**

Date: **3/6/24.**

Place: **B.C.R.C.P., D.G.R.**

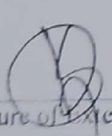


PROF. (DR.) SAMIR KR. SAMANTA

(PRINCIPAL)

Date:

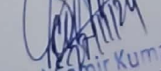
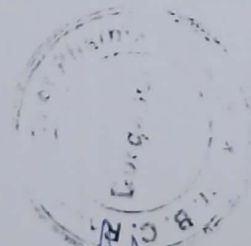
Place:



Signature of External Examiner

Date:

Place:



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