



A  
Project Report on

# NATURAL PRODUCTS IN TREATMENT OF ALCOHOLIC FATTY LIVER DISEASE

*Submitted by*

**SHRABANI DAS**

*University Regn. No. – 201890201910027 of 2020-21*  
*Roll No. - 18901920078*

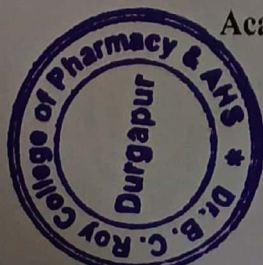
Under the guidance of  
**Mrs. Jayita Mondal**  
Designation  
Assistant Professor

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 "Natural products in treatment of Alcoholic fatty liver disease" 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 Mrs. Jayita Mondal.

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

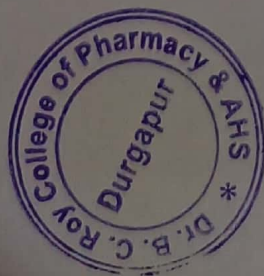
Shrabani Das  
Signature

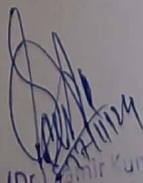
Name of Candidate: Shrabani Das

Roll No: 18901920078

Date: 03/06/2024

Place: Durgapur.

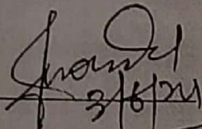


  
Prof. (Dr.) Samir Kumar Samanta  
M. Pharm., Ph.D. (J.U.)  
Principal  
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Durgapur, West Bengal-713206



# CERTIFICATE

This is to certify that the Project entitled "Natural products in treatment of Alcoholic fatty liver disease" by Shrabani Das 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.

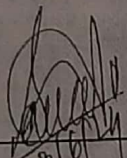
  
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Signature of Supervisor

Name of Supervisor: Mrs. Jayita Mondal

Date:

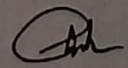
Place:

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

Date:

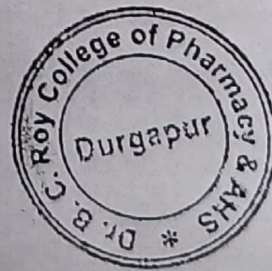
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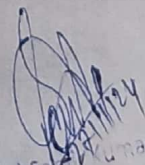
  
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Signature of External Examiner

Date:

Place:



  
\_\_\_\_\_

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