



# Project Report on

# A Comprehensive Review of Dosage Forms: Types, **Properties, and Applications in Drug Delivery**

Submitted by

#### SOUMYADEEP GUHA

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Under the guidance of

### PROF. (DR.) SANTANU CHAKRABORTY

M. Pharm., Ph.D., FIC Professor and DIC of Pharmaceutics

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



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## DECLARATION

I hereby declare that the Project entitled "A Comprehensive Review of Dosage Forms: Types, Properties, and Applications in Drug Delivery" 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 Prof. (Dr.) Santanu Chakraborty.

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

Sourryadoel Guha.

Name of Candidate: Soumyadeep Guha

Roll No: 18901920097 Date: 03.06.2024

Place: Durgapur



Dr. B. C. Roy College of Pharmacy & And Durgapur, West Bengal 713

#### CERTIFICATE

This is to certify that the Project entitled "A Comprehensive Review of Dosage Forms: Types, Properties, and Applications in Drug Delivery" by Soumyadeep Guha 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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J. Chaldraharty	- 03/06/24
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Signature of Supervisor

Name of Supervisor: Prof. (Dr.) Santanu Chakraborty

Place:

PROF (DR. SAMIR KR. SAMANTA (PRINCIPAL)

Date:

Place:

External Examiner

Date:

Place:



