



A  
Project Report on

## REVIEW ON CIPROFLOXACIN CONJUGATES

*Submitted by*

**VANSHIKA AGARWAL**

*University Regn. No. -201890201910021*

*Roll No. -18901920084*

Under the guidance of

**Dr. Ujjwal Sahoo**

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 of Ciprofloxacin Conjugates" 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. Ujjwal Sahoo.

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

Vanshika Agarwal  
Signature


Name of Candidate: Vanshika Agarwal

Roll No: 18901920084

Date: 3/6/24

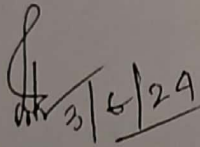
Place: Durgapur



  
Prof. (Dr.) Samir Kumar Samanta  
M. Pharm., Ph.D. (J.U.)  
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## CERTIFICATE

This is to certify that the Project entitled "Review of Ciprofloxacin Conjugates" by Vanshika Agarwal 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.

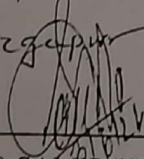
  
3/6/24

Signature of Supervisor

Name of Supervisor: Dr. Ujjwal Sahoo.


Date: 3/6/24

Place: Durgapur

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

Date:

Place:

  
\_\_\_\_\_  
Signature of External Examiner

Date:

Place:



Prof. (Dr.) Samir Kumar Samanta  
M. Pharm., Ph.D (J.U.)

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III

