

# North South University



PHR520- Project

Department of Pharmaceutical Sciences  
School of Health & Life Sciences (SHLS)

## Approval Project

Title of the Project:

This project report is submitted to the Department of Pharmaceutical Sciences, North South University, and has been accepted as satisfactory for partial fulfillment of the requirement for the degree of Bachelor of Pharmacy Professional (B. Pharm Professional).

### **Submitted By**

Name of the Student:

ID Number:

Title of the Course:

Couse Code:

Section:

Advised Semester with year:

Grade:

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Dr. Mohammad Hossain Shariare  
Professor & Chairman  
Department of Pharmaceutical Sciences  
North South University

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(Write here the name of the Supervisor)  
(Write here the designation of the Supervisor)  
Department of Pharmaceutical Sciences  
North South University

## Declaration

- 1) I hereby declare that my project report is an original piece of work.
- 2) I declare that to my knowledge no part of this work has been published anywhere before.
- 3) The report does not contain material that has been accepted or submitted for any other degree or diploma at this university or other institution.
- 4) I also declare that after publication in a peer-reviewed/ indexed journal, my research work will be considered as open to public property.
- 5) I have acknowledged all the main sources of help.

Signature of the Student

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Name of the Student

## Acknowledgement