1. Name and address of the manufacturer / importer / distributor :

SIDMAK LABORATORIES (INDIA) PVT. LTD., Add :Survey No.4662,4663,4779&4785,National Highway No. 48, Abrama, Post Box No. 121, Valsad,VALSAD,Valsad,Gujarat,396001

2. Name and address of the marketing company, if any :

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

				TABLE-A	1					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	Price to retailer (excluding taxes) (Rs.)	any (incl.	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
	Imported Formulations									
				TABLE-E	3					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)		any (incl.	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Angispan-Tr 2.5mg Capsules 30(30.00 Capsule) (Glyceryl Trinitrate CAPSULE TR)	Glyceryl Trinitrate 2.5 MG CAPSULE TR	30.00 CAPSULE	12.00	203.14	225.71	-	316.00	SI24089 & Dec-2024	100000
	Imported Formulations									

 $\underline{\textbf{Notes:-}} \textbf{In case of purchased/imported formulation, Name of the manufacturer shall be indicated.}$

The information furnished above is correct and true to the best of my knowledge and belief.

Place: Mumbai

Date: 07-Jan-2025

Authorized Signatory: Nikhil Chugh
Name: Nikhil Chugh
Decignation: Dy General

Designation : Dy General Manager

Mobile : 7400047289

1. Name and address of the manufacturer / importer / distributor :

SIDMAK LABORATORIES (INDIA) PVT. LTD., Add :Survey No.4662,4663,4779&4785,National Highway No. 48, Abrama, Post Box No. 121, Valsad,VALSAD,Valsad,Gujarat,396001

2. Name and address of the marketing company, if any :

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

	ame and address of the marketing company	, u,						70 17 11 12 1,11	IOWDAI,Waribai,Wariarasiiti	4, 100000
				TABLE-	A .					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)		retailer	any (incl.	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations									
	Own Manufactured Formulations		ĺ		ĺ		ĺ			
	Purchased Formulations	ĺ	ĺ		ĺ		ĺ			
	Imported Formulations	ĺ			ĺ		ĺ			
				TABLE-E	3	,				
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)		Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Angispan-Tr 6.5mg Capsules 30(30.00 Capsule) (Glyceryl Trinitrate CAPSULE TR)	Glyceryl Trinitrate 6.5 MG CAPSULE TR	30.00 CAPSULE	12.00	258.08	286.75	-	401.45	SI25001 & Jan-2025	100000
	Imported Formulations									

 $\underline{\textbf{Notes:-}} \textbf{In case of purchased/imported formulation, Name of the manufacturer shall be indicated.}$

The information furnished above is correct and true to the best of my knowledge and belief.

Place: Mumbai

Date: 20-Jan-2025

Authorized Signatory : Nikhil Chugh
Name : Nikhil Chugh
Designation : Dy General

Designation:

Dy General Manager

Mobile: 7400047289

Form Ref No.: Ref/IPDMS/Form/5/238 Date: 31-Jan-2025

SCHEDULE - II FORM - V PROFORMA FOR PRICE LIST (See paragraphs 2(x),24,25,26)

1. Name and address of the manufacturer / importer / distributor :

 $\mbox{VARDHAMAN REMEDIES PVT LTD, Add :} 103, \mbox{ORCHID PLAZA, NATAKWALA LANE, OFF.S.V.ROAD,} BORIVALI WEST, \mbox{Mumbai Suburban,} \mbox{Maharashtra,} 400092$

2. Name and address of the marketing company, if any :

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

				TABLE-A	4					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	taxes)	retailer (excluding taxes)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Retail Price (incl. of all taxes)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
	Imported Formulations									
				TABLE-E	3					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	(excluding taxes)	any (incl.	Retail Price (incl. of all taxes)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Erytop 1 % Gel 20 Gm(20.00 Gm) (Clindamycin GEL)	Clindamycin 1 % GEL	20.00 GM	5.00	146.75	163.05	-	214.00	EG5001 & Jan-2025	30000
	Imported Formulations									

 $\underline{\textbf{Notes:-}} \textbf{In case of purchased/imported formulation, Name of the manufacturer shall be indicated.}$

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai 31-Jan-2025 Date:

> Nikhil Chugh Authorized Signatory : Name : Nikhil Chugh Dy General Designation:

Manager Mobile : 7400047289

1. Name and address of the manufacturer / importer / distributor :

MEPROMAX LIFESCIENCES PVT. LIMITED, Add :108 109 Dalamal Chambers New Marine Line MUMBAI,MUMBAI,Mumbai,Maharashtra,400020

2. Name and address of the marketing company, if any : USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

				TABLE-A	4					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	Price to retailer (excluding taxes) (Rs.)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
	Imported Formulations									
				TABLE-E	3					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	1	any (incl	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Erytop N 1/4 % Gel 15 Gm(15.00 Gm) (Clindamycin + Nicotinamide GEL)	Clindamycin + Nicotinamide 1/4 % GEL	15.00 GM	12.00	126.58	140.64	-	196.90	EYE04 & Dec-2024	4000
	Imported Formulations									

Notes:-In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai Date: 16-Jan-2025

> Authorized Signatory : Nikhil Chugh Name : Nikhil Chugh Dy General Manager Designation :

Mobile: 7400047289 nikhil.chugh@usv.in Email Id:

Name and address of the manufacturer / importer / distributor :

 ${\tt USV\;LIMITED,\;Add\;:} ARVIND\;VITHAL\;GANDHI\;MARG,\;BSD\;MARG,\;GOVANDI,\\ MUMBAI,\\ Mumbai,\\ Maharashtra,\\ 400088$

2. Name and address of the marketing company, if any :

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

				TABLE-A	4					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	taxes)	Price to retailer (excluding taxes) (Rs.)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
	Imported Formulations									
				TABLE-E	3					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Distributor (excluding taxes)	retailer (excluding taxes) (Rs.)	any (incl	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
1	Glycomet Gp 1/500 Mg Tablet 15(15.00 Tablet) (Glimepiride + Metformin TABLET SR)	Glimepiride + Metformin 1/500 MG TABLET SR	15.00 TABLET	12.00	83.90	93.22	-	130.50	60001733 & Jan-2025	45000000
	Purchased Formulations									
	Imported Formulations									

 $\underline{\textbf{Notes:-}} \textbf{In case of purchased/} \textbf{imported formulation, Name of the manufacturer shall be indicated.}$

The information furnished above is correct and true to the best of my knowledge and belief.

Place: Mumbai

Date: 06-Jan-2025

Authorized Signatory: Nikhil Chugh
Name: Nikhil Chugh
Designation: Dy General Manager
Mobile: 7400047289

1. Name and address of the manufacturer / importer / distributor :

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

2. Name and address of the marketing company, if any :

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

				TABLE-	١					
	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	(excluding taxes)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
	Imported Formulations									
				TABLE-	3					
	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	retailer (excluding taxes)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
1	Glycomet Gp 2/500 Mg Tablet Sr 15(15.00 Tablet) (Glimepiride + Metformin TABLET SR)	Glimepiride + Metformin 2/500 MG TABLET SR	15.00 TABLET	12.00	122.79	136.43	-	191.00	60001738 & Jan-2025	35000000
	Purchased Formulations									
	Imported Formulations			1						

Notes:-In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place: Mumbai

Date: 18-Jan-2025

Authorized Signatory: Nikhil Chugh
Name: Nikhil Chugh
Designation: Dy General Manager
Mobile: 7400047289

1. Name and address of the manufacturer / importer / distributor :

MSN LABORATORIES PRIVATE LIMITED, Add :MSN HOUSE, C-24, INDUSTRIAL ESTATE, SANATHNAGAR, HYDERABAD, Ranga Reddy, Telangana, 500018

2. Name and address of the marketing company, if any : USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

				TABLE-	A .					
	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	(excluding taxes)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
	Imported Formulations									
				TABLE-	3					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	1	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Jalra M 50/1000 Mg Tablet 15(15.00 Tablet) (Vildagliptin + Metformin TABLET)	Vildagliptin + Metformin 50/1000 MG TABLET	15.00 TABLET	12.00	284.79	316.43	-	443.00	6RF01026A & Jan-2025	20000000

Notes:-In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai Date: 28-Jan-2025

> Authorized Signatory : Nikhil Chugh Nikhil Chugh Name : Dy General Manager Designation : Mobile: 7400047289

nikhil.chugh@usv.in Email Id:

1. Name and address of the manufacturer / importer / distributor :

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

2. Name and address of the marketing company, if any :

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

				TABLE-A	١					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Distributor (excluding taxes)	Price to retailer (excluding taxes) (Rs.)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
	Imported Formulations									
				TABLE-E	3					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Distributor	1	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
1	Tripleacal D 150 Mg / 500 lu Tablets(10.00 Tablet) (Calcium + Cholecalciferol TABLET)	Calcium + Cholecalciferol 150MG/500IU TABLET	10.00 TABLET	12.00	67.50	75.00	-	105.00	28026102 & Dec-2024	100000
	Purchased Formulations									
	Imported Formulations									

 $\underline{\textbf{Notes:-}} \textbf{In case of purchased/} \textbf{imported formulation, Name of the manufacturer shall be indicated.}$

The information furnished above is correct and true to the best of my knowledge and belief.

Place: Mumbai

Date: 31-Jan-2025

Authorized Signatory: Nikhil Chugh
Name: Nikhil Chugh
Designation: Dy General Manager
Mobile: 7400047289

1. Name and address of the manufacturer / importer / distributor :

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

2. Name and address of the marketing company, if any :

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

No. dosage forms) Size (in %) (excluding taxes) (excluding taxes) (Rs.) (fincl. of all		<u> </u>	•								
Si. Name of the Product(Formulation and its dosage forms) Composition as approved by Drug Control Authorities Pack Size Size Composition as approved by Drug Control Authorities Pack Size Size Size Price to Distributor of taxes (in.%) (Rs.)					TABLE-A	A					
Scheduled formulations Own Manufactured Formulations Imported Formulations Imported Formulations SI. Name of the Product(Formulation and its coage forms) Composition as approved by Drug Control Authorities Pack Size Pack Size Pack Size Pack Size Price to Distributor (excluding taxes) (Rs.) (Rs.) Price to Distributor (excluding taxes) (Rs.) (Rs.) Price to Distributor (excluding taxes) (Rs.) (Rs.) Size Price to Distributor (excluding taxes) (Rs.) (Rs.) Price to Distributor (excluding taxes) (Rs.) Price to Di			approved by Drug			Distributor (excluding taxes)	retailer (excluding taxes)	Maximum Retail Price, if any (incl. of all	Retail Price (incl. of all taxes)	Batch no. and date from which price revision is	Production Capacity
Own Manufactured Formulations Purchased Formulations Imported Formulations Imported Formulations TABLE-B TABLE-B Composition as approved by Drug Control Authorities (in %) (Rs.) (Rs.) Composition as approved by Drug Control Authorities (in %) (in %) (in %) Composition as approved by Drug Control Authorities (in %) (i	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Purchased Formulations Imported Formulation and its Imported Formulation and its Imported Formulation and its Imported Formulation and its Imported Formulation approved by Drug Control Authorities Pack Size Price to Distributor (excluding taxes) (Rs.) Price to Distributor (excluding ta		Scheduled formulations									
Imported Formulations TABLE-B		Own Manufactured Formulations									
SI. Name of the Product(Formulation and its dosage forms) Composition as approved by Drug Control Authorities Pack Size Pack Size Pack Size Price to Distributor (excluding taxes) (Rs.) (Rs.) Price to Distributor (excluding taxes) (Rs.) (Rs.) Price to Distributor (excluding taxes) (Rs.) (Rs.) Price to Distributor (excluding taxes) (Rs.) Price to Distributor (excluding taxes) (Rs.) It is approved by Drug Control Authorities Price to Distributor (excluding taxes) (Rs.) Price to Distributor (excluding taxes) (Rs		Purchased Formulations									
SI. Name of the Product(Formulation and its dosage forms) Pack Size Pack Size Pack Size Price to Distributor (excluding taxes) (Rs.) Price to Distributor (excluding taxes) (Rs.) (I) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Non-Scheduled formulations Purchased Formulations Purchased Formulations Purchased Formulations Price to Distributor (excluding taxes) (Rs.) Price to Dist		Imported Formulations									
SI. Name of the Product(Formulation and its dosage forms) Pack Size Pack Size Pack Size Price to Distributor (excluding taxes) (Rs.) Price to Distributor (excluding taxes) (Rs.) Price to Distributor (excluding taxes) (Rs.) (I) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Non-Scheduled formulations Own Manufactured Formulations Purchased Formulations Purchased Formulations Ecosprin Gold 75/10/75 Mg Tablet 15(15.00 Tablet) (Aspirin + Atorvastatin + Clopidogrel TABLET) Aspirin + Atorvastatin + Clopidogrel TABLET Price to Distributor (excluding taxes) (Rs.) Pr					TABLE-E	3					
Non-Scheduled formulations		Name of the Product/Formulation and its		Pook				Maximum	Maximum Retail		
Own Manufactured Formulations	140.					(excluding taxes)	(excluding taxes)	any (incl. of all	(incl. of all taxes)	which price revision is	Production Capacity
Purchased Formulations		dosage forms)	Control Authorities	Size	(in %)	(excluding taxes) (Rs.)	(excluding taxes) (Rs.)	any (incl. of all taxes) (Rs.)	(incl. of all taxes) (Rs.)	which price revision is effective	Capacity
Ecosprin Gold 75/10/75 Mg Tablet 15(15.00 Aspirin + Atorvastatin + Clopidogrel TABLET 12.00 95.08 103.35 - 137.80 1416047720 & Nov-2024 1000000 10000000000000000000000000		dosage forms) (2)	Control Authorities	Size	(in %)	(excluding taxes) (Rs.)	(excluding taxes) (Rs.)	any (incl. of all taxes) (Rs.)	(incl. of all taxes) (Rs.)	which price revision is effective	Capacity
1 Tablet) (Aspirin + Atorvastatin + Clopidogrel Clopidogrel 75/10/75 MG TABLET 12.00 95.08 103.35 - 137.80 1416047720 & Nov-2024 1000000		dosage forms) (2) Non-Scheduled formulations	Control Authorities	Size	(in %)	(excluding taxes) (Rs.)	(excluding taxes) (Rs.)	any (incl. of all taxes) (Rs.)	(incl. of all taxes) (Rs.)	which price revision is effective	Capacity
Imported Formulations		dosage forms) (2) Non-Scheduled formulations Own Manufactured Formulations	Control Authorities	Size	(in %)	(excluding taxes) (Rs.)	(excluding taxes) (Rs.)	any (incl. of all taxes) (Rs.)	(incl. of all taxes) (Rs.)	which price revision is effective	Capacity
		(2) Non-Scheduled formulations Own Manufactured Formulations Purchased Formulations Ecosprin Gold 75/10/75 Mg Tablet 15(15.00 Tablet) (Aspirin + Atorvastatin + Clopidogrel	(3) Aspirin + Atorvastatin + Clopidogrel 75/10/75	(4) 15.00	(in %)	(excluding taxes) (Rs.)	(excluding taxes) (Rs.)	any (incl. of all taxes) (Rs.)	(incl. of all taxes) (Rs.)	which price revision is effective (10)	(11)

Notes:-In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place: Mumbai

Date: 09-Dec-2024

Authorized Signatory: Nikhil Chugh

Name: Nikhil Chugh

Designation: Dy General Manager

Mobile: 7400047289

1. Name and address of the manufacturer / importer / distributor :

KILITCH DRUGS (INDIA) LTD, Add :37, Ujagar Industrial Estate, W.T Patil Marg, Deonar, Mumbai 400 088, India.,Mumbai,Mumbai,Maharashtra,400088

2. Name and address of the marketing company, if any : USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

				TABLE-A	١					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Distributor (excluding taxes)		Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
	Imported Formulations									
				TABLE-E	3					
	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)		Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1		Multivitamins Without Minerals NA INJECTION	10.00 ML AMPOULE	12.00	21.38	23.75	-	33.25	KP24402 & Nov-2024	400000
	Imported Formulations									

Notes:-In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai Date: 27-Dec-2024

> Authorized Signatory : Nikhil Chugh Nikhil Chugh Name : Dy General Manager Designation : Mobile: 7400047289

nikhil.chugh@usv.in Email Id:

1. Name and address of the manufacturer / importer / distributor :

Hetero Labs Limited, Add :Hetero Corporate, 7-2-A2, Industrial Estate, Sanath Nagar,,HYDERABAD,Ranga Reddy,Telangana,500018

2. Name and address of the marketing company, if any :

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

		•		TABLE-	1					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes)	retailer (excluding taxes)	any (incl.	Price (incl. of all taxes)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations									
	Own Manufactured Formulations		ĺ		ĺ	ĺ	ĺ			
	Purchased Formulations	1	ĺ		ĺ	ĺ	ĺ			
	Imported Formulations	1			ĺ	ĺ	ĺ			
				TABLE-	3	,	,			
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)		any (incl	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Olmetrack 40 Mg Tablet 10(10.00 Tablet) (Olmesartan TABLET)	Olmesartan 40 MG TABLET	10.00 TABLET	12.00	177.50	197.22	-	276.10	OTN241005 & Oct-2024	100000
	Imported Formulations	1	1	1						

 $\underline{\textbf{Notes:-}} \textbf{In case of purchased/imported formulation, Name of the manufacturer shall be indicated.}$

The information furnished above is correct and true to the best of my knowledge and belief.

Place : Mumbai 16-Dec-2024 Date:

> Nikhil Chugh Authorized Signatory : Name : Nikhil Chugh Dy General

Designation: Manager Mobile : 7400047289

Name and address of the manufacturer / importer / distributor :

 ${\tt USV\;LIMITED,\;Add\;:} ARVIND\;VITHAL\;GANDHI\;MARG,\;BSD\;MARG,\;GOVANDI,\\ MUMBAI,\\ Mumbai,\\ Maharashtra,\\ 400088$

2. Name and address of the marketing company, if any :

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

		-		TABLE-	A					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Distributor (excluding taxes)	retailer (excluding taxes)	any (incl.	Price (incl. of all taxes)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations									
	Own Manufactured Formulations		ĺ							
	Purchased Formulations	ĺ	ĺ							
	Imported Formulations	ĺ								
				TABLE-	3					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Distributor (excluding taxes)	Price to retailer (excluding taxes) (Rs.)	any (incl.	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
1	Roseday 5 Mg Tablet 15(15.00 Tablet) (Rosuvastatin TABLET)	Rosuvastatin 5 MG TABLET	15.00 TABLET	12.00	84.99	94.43		132.20	48019787 & Dec-2024	60000000
	Purchased Formulations									

 $\underline{\textbf{Notes:-}} \textbf{In case of purchased/imported formulation, Name of the manufacturer shall be indicated.}$

The information furnished above is correct and true to the best of my knowledge and belief.

Place: Mumbai

Date: 19-Dec-2024

Authorized Signatory : Nikhil Chugh
Name : Nikhil Chugh
Designation : Dy General
Manager

Mobile: Manager 7400047289