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

TRISTAR FORMULATIONS PVT LIMITED, Add :PLOT NO A -116 & A-117 27 TH CROSS PIPDIC INDUSTRIAL ESTATE METTUPALAYAM,MARIE OULGARET,Pondicherry,Puducherry,605009

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 %)	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)
	Scheduled formulations	1								
	Own Manufactured Formulations	ĺ	ĺ							
	Purchased Formulations	ĺ	ĺ	ĺ	ĺ					ĺ
	Imported Formulations	ĺ	ĺ	ĺ	ĺ					ĺ
	TABLE-B									
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	Gp 0.5 Mg Tablet 10(10.00 Tablet) (Glimepiride TABLET)	Glimepiride 0.5 MG TABLET	10.00 TABLET	12.00	47.03	52.25	-	73.15	TF25C073 & Mar-2025	25000000

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

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

Place: Mumbai

Date: 15-Apr-2025

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

Manager
Mobile: 7400047289

Email Id: nikhil.chugh@usv.in

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

Exemed Pharmaceuticals, Add :1st floor, ABS Tower, Old Padra Padra, Vadodara, 390007, Vadodara, Vadodara, Gujarat, 390007

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.)		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-B									
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)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Liralin Dp 5-10 Mg Tablets(10.00 Film Coated Tablet) (Linagliptin TABLET)	Linagliptin 5 MG TABLET(Linagliptin 5 mg + Dapagliflozin 10 mg)	10.00 FILM COATED TABLET	12.00	140.72	156.36	-	218.90	EMV250644B & Mar-2025	100000
	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 04-Apr-2025 Date:

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

Email Id: nikhil.chugh@usv.in

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									
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-B									
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	Nuril 5 Mg Tablet 10(10.00 Tablet) (Enalapril TABLET)	Enalapril 5 MG TABLET	10.00 TABLET	12.00	27.07	30.08	-	42.11	23003001 & Apr-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: 11-Apr-2025

Authorized Signatory : Nikhil Chugh
Name : Nikhil Chugh

Designation:
Dy General Manager
Mobile: 7400047289

Email Id: nikhil.chugh@usv.in

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 %)	Price to Distributor (excluding taxes)	retailer (excluding taxes)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	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	1			ĺ	ĺ	ĺ			
	Own Manufactured Formulations	1			ĺ	ĺ	ĺ			
	Purchased Formulations	1			ĺ	ĺ	ĺ		ĺ	
	Imported Formulations	ĺ			ĺ	ĺ	ĺ			
	TABLE-B									
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)		(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)
	Non-Scheduled formulations									
	O Manufacture d Farmulations	1								
	Own Manufactured Formulations									
1	Pioz 30 Mg Tablet 10(10.00 Tablet) (Pioglitazone TABLET)	Pioglitazone 30 MG TABLET	10.00 TABLET	12.00	85.41	94.90	-	132.85	48020101 & Mar-2025	11000000
1	Pioz 30 Mg Tablet 10(10.00 Tablet)			12.00	85.41	94.90	-	132.85	48020101 & Mar-2025	11000000

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

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

Place: Mumbai

Date: 11-Apr-2025

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

Designation:

Dy General Manager

Mobile:

7400047289

Email Id: nikhil.chugh@usv.in