

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

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

Gennova Biopharmaceuticals Ltd., Add :PLOT NO.P-1, I.T.B.T. PARK,PHASE II, MIDC,HINJAWADI,Pune,Maharashtra,411057

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

Zuventus Healthcare Ltd., Add :Zuventus House,Plot Y2,CTS No.358/A2,Near Nahur Railway Station, Nahur (West),Mumbai,Mumbai,Maharashtra,400078

TABLE-A

| Sl. 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 | | | | | | | | | |
| 1 | Eporise 10000 Iu Pfs(1.00 No) (Erythropoietin INJECTION) | Erythropoietin 10000 IU INJECTION(Each pre-filled syringe Contains Erythropoietin Concentrated Solution IP 10000 IU) | 1.00 No | 5.00 | 1451.79 | 1613.10 | 2103.53 | 2117.19 | NA & Apr-2026 | 2070 |
| 2 | Eporise 2000 Iu Pfs(1.00 No) (Erythropoietin INJECTION) | Erythropoietin 2000 IU INJECTION(Each pre-filled syringe Contains Erythropoietin Concentrated Solution IP 2000 IU) | 1.00 No | 5.00 | 405.18 | 450.20 | 587.08 | 590.89 | NA & Apr-2026 | 2070 |
| 3 | Itact Injection 300 Mcg(1.00 No) (Filgrastim PREFILLED SYRINGE) | Filgrastim 300 MCG PREFILLED SYRINGE(Each pre-filled syringe contains r-HuG-CSF 300 mcg.) | 1.00 No | 5.00 | 855.22 | 950.24 | 1239.15 | 1247.19 | NA & Apr-2026 | 2070 |
| | Purchased Formulations | | | | | | | | | |
| | Imported Formulations | | | | | | | | | |

TABLE-B

| Sl. 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 | | | | | | | | | |
| | 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 : Pune

Date : 17-Apr-26

Authorized Signatory : Suyog Harip
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Designation : Deputy General Manager
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