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

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

Sanofi Consumer Healthcare India Limited, Add :3rd Floor, CTS No 117-B Sanofi House L & T business park,Powai Mumbai Mumbai Suburban,Mumbai,Maharashtra,400072

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

Sanofi Consumer Healthcare India Limited, Add :3rd Floor, CTS No 117-B Sanofi House L & T business park,Powai Mumbai Mumbai Suburban,Mumbai,Maharashtra,400072

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				TABLE-A						
SI. No.	Name of the Product(Formulation and its dosage forms)		Pack Size	GST rate (in %)	(excluding taxes)	retailer (excluding	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.)		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									
	Own Manufactured Formulations									
1	Avil 50 Mg 80 X 15(15.00 Tablet) (Pheniramine TABLET)	Pheniramine 50 MG TABLET(PHENIRAMINE MALEATE I.P.50 MG)	15.00 TABLET	12.00	753.43	837.14	1065.60	1172.00	4P2327A & Aug-2024	11000
	Purchased 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 20-Aug-2024 Date:

> Authorized Signatory : Dnyanesh Bhat Dnyanesh Bhat Name : Head of Finance Performance Designation :

Mobile : 8097038673

Email ld: Dnyanesh.Bhat@sanofi.com

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

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

Sanofi Consumer Healthcare India Limited, Add :3rd Floor, CTS No 117-B Sanofi House L & T business park,Powai Mumbai Mumbai Suburban,Mumbai,Maharashtra,400072

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

Sanofi Consumer Healthcare India Limited, Add :3rd Floor, CTS No 117-B Sanofi House L & T business park,Powai Mumbai Mumbai Suburban,Mumbai,Maharashtra,400072

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.) Price to Distributor (excluding taxes) (Rs.) (Rs.) (Rs.) (Rs.) Price to Distributor (excluding taxes) (Rs.) Price to Distributor (excluding taxes) (Rs.)	Production Capacity (11)										
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.) Price to price to retailer (excluding taxes) (Rs.) (Rs.) (Rs.) (Rs.) Maximum Retail Price, if any (incl. of all taxes) (Rs.) (Rs.) (Rs.) (Rs.) (Rs.) Price to price to retailer (excluding taxes) (Rs.) (Rs.) (Rs.) (Rs.) (Rs.) Price to price to retailer (excluding taxes) (Rs.) (Rs.) (Rs.) (Rs.) (Rs.) Price to price to retailer (excluding taxes) (Rs.) (Rs.) (Rs.) (Rs.) (Rs.) Price to retailer (excluding taxes) (Rs.) (Rs.) (Rs.) (Rs.) (Rs.) (Rs.) Price to retailer (excluding taxes) (Rs.) (Rs.) (Rs.) (Rs.) (Rs.) (Rs.)	Capacity										
Scheduled formulations Own Manufactured Formulations Purchased Formulations	(11)										
Own Manufactured Formulations Purchased Formulations											
Purchased Formulations											
Imported Formulations											
TABLE-B											
SI. Name of the Product(Formulation and its No. No. approved by Drug Control Authorities Pack Size Pack Size Pack Size Price to Distributor (excluding taxes) (Rs.)	Production Capacity										
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	(11)										
Non-Scheduled formulations											
Own Manufactured Formulations											
Purchased Formulations											
Montelukast + Fexofenadine 10/120 MG TABLET(FEXOFENADINE HYDROCHLORIDE 10.00 40.00 40.700 40.	326000										
1 Allegra W 14b 105 (10.00 1ablet) I.P. 20MG MONTELUKAST SODIUM I.P. EQUIVALENT TO MONTELUKAST 10MG) I2.00 187.83 208.70 275.84 292.18 4NG042 & Aug-2024 4											
(Montelukast + Fexofenadine TABLET) I.P.20MG TABLET I2.00 I67.83 208.70 273.84 292.18 4NG042 & Aug-2024 I.P. EQUIVALENT TO I.P. EQUIVALENT TO	578000										

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

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

Place : 30-Aug-2024 Date:

Authorized Signatory : Dnyanesh Bhat Name : Dnyanesh Bhat Head of Finance Performance Designation:

Mobile : 8097038673

Email Id: chc.ipdms@sanofi.com