Form Ref No.: Ref/IPDMS/Form/5/385 Date: 08-Aug-2025

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

1. Name and address of the manufacturer \slash importer \slash 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									
	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									
	Own Manufactured Formulations									
	Purchased Formulations	1							ĺ	
	Imported Formulations	1								
	TABLE-B									
	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug	Pack Size	GST rate	Price to Distributor		Pre-revised Maximum Retail	Maximum Retail Price	Batch no. and date from	Production
		Control Authorities		(in %)	taxes) (Rs.)	(excluding taxes) (Rs.)	Price, if any (incl. of all taxes) (Rs.)	(incl. of all taxes) (Rs.)	which price revision is effective	Capacity
(1)	(2)	(3)	(4)	(in %)	taxes)	taxes)	any (incl. of all	all taxes)		Capacity (11)
(1)	(2) Non-Scheduled formulations		(4)		taxes) (Rs.)	taxes) (Rs.)	any (incl. of all taxes) (Rs.)	all taxes) (Rs.)	effective	
(1)	, <i>,</i>		(4)		taxes) (Rs.)	taxes) (Rs.)	any (incl. of all taxes) (Rs.)	all taxes) (Rs.)	effective	
(1)	Non-Scheduled formulations		(4)		taxes) (Rs.)	taxes) (Rs.)	any (incl. of all taxes) (Rs.)	all taxes) (Rs.)	effective	
(1)	Non-Scheduled formulations Own Manufactured Formulations		(4) 30.00 CAPSULE		taxes) (Rs.)	taxes) (Rs.)	any (incl. of all taxes) (Rs.)	all taxes) (Rs.)	effective	

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

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

Place: Mumbai

Date: 08-Aug-25

Authorized Signatory : Nikhil Chugh
Name : Nikhil Chugh

Designation:

Dy General Manager

Mobile: 7400047289

Email Id: nikhil.chugh@usv.in

Form Ref No.: Ref/IPDMS/Form/5/386 Date: 11-Aug-2025

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

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 %)	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 3/850 Tablets 15s(15.00 Tablet) (Glimepiride + Metformin TABLET)	Glimepiride + Metformin 3/850 MG TABLET	15.00 TABLET	12.00	115.46	128.29	-	179.60	60002212 & Jul-2025	1000000
	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: Mumbai Date: 11-Aug-25

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

Email Id: nikhil.chugh@usv.in