

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

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										
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									
	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									
1	Aquasol A 25000 Iu Capsule 30(30.00 Capsule) (Vitamin A CAPSULE)	Vitamin A 25000 IU CAPSULE	30.00 CAPSULE	12.00	25.28	28.09	-	39.32	49001946 & Jul-2025	12000000
	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 : 08-Aug-25

Authorized Signatory : Nikhil Chugh
Name : Nikhil Chugh
Designation : Dy General Manager
Mobile : 7400047289
Email Id : nikhil.chugh@usv.in

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	Scheduled formulations									
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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									
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