Form Ref No.: Ref/IPDMS/Form/5/384 Date: 01-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 :

STERLING LAB, Add :104/105,MIDFORD HOUSE,MIDFORD GARDENS,M.G. ROAD,BENGALURU,Bengaluru Urban,Karnataka,560001

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

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

No. No. dosage forms) No. dosage forms)	and date from er revision is Productic Capacity
taxes) (Rs.) [⁽¹³⁻⁾	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	(10) (11)
Scheduled formulations Scheduled formulations	
Own Manufactured Formulations	
Purchased Formulations	
Imported Formulations	
TABLE-B	
	and date from the revision is Production Capacity
(1) (2) (3) (4) (5) (6) (7) (8) (9)	(10) (11)
Non-Scheduled formulations	
Own Manufactured Formulations	
Purchased Formulations	
Doxy 1 Forte L Dr 100 Mg/5biu Capsule 10(10.00 Capsule) (Doxycycline + Lactobacillus 100MG/5BIU CAPSULE) Doxycycline + Lactobacillus 10.00 CAPSULE 12.00 77.63 86.25 - 120.75 DXLF2503	8 & Jul-2025 19000000
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: 01-Aug-25

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

Email Id: nikhil.chugh@usv.in