



Form Ref No.: Ref/IPDMS/Form/5/75 Date: 10-Dec-2024

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

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

Procter & Gamble Health Limited, Add :Ground & First Floor, P&G Plaza, Cardinal Gracious Road, Chakala,Mumbai,Mumbai,Maharashtra,400099

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

Procter & Gamble Health Limited, Add :Ground & First Floor, P&G Plaza, Cardinal Gracious Road, Chakala,Mumbai,Mumbai,Maharashtra,400099

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									
1	Nasivion Classic Adult 0.05 % Nasal Spray 10 Mi(1.00 Pack) (Oxymetazoline NASAL SPRAY)	Oxymetazoline 0.05 % NASAL SPRAY	1.00 PACK	12.00	77.08	85.65	119.91	119.91	4337C84601 & Dec-2024	0
	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 : 10-Dec-2024

Authorized Signatory : Lokesh Chandak
Name : Lokesh Chandak
Designation : CFO
Mobile : 9673686407
Email Id : chandak.l@pg.com

Procter & Gamble Health Limited

CIN: L99999MH1967PLC013726

Registered Office: Ground Floor and First Floor,
P&G Plaza, Cardinal Gracious Road, Chakala,
Andheri-E, Mumbai-400 099 | Tel: (91-22) 6866 9000
www.pghealthindia.com