

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

1. Name and address of the manufacturer / importer / distributor : Gennova Biopharmaceuticals Ltd., Add :PLOT NO.P-1, I.T.B.T. PARK,PHASE II, MIDC,HINJAWADI,Pune,Maharashtra,411057
2. Name and address of the marketing company, if any : Gennova Biopharmaceuticals Ltd., Add :PLOT NO.P-1, I.T.B.T. PARK,PHASE II, MIDC,HINJAWADI,Pune,Maharashtra,411057

| 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 | Vintor 4000 Iu Injection 1 MI(1.00 No) (Erythropoietin INJECTION) | Erythropoietin 4000 IU INJECTION | 1.00 No | 5.00 | 821.55 | 912.84 | 1278 | 1198.10 | A062562V26 & Nov-2025 | 500 |
| 2 | Vintor 6000 Iu Pfs(1.00 No) (Erythropoietin INJECTION) | Erythropoietin 6000 IU INJECTION | 1.00 No | 5.00 | 1357.06 | 1507.85 | 2111 | 1979.05 | A072506V07 & Nov-2025 | 2070 |
| | 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 : Pune

Date : 29-Dec-25

Authorized Signatory : Suyog Harip
Name : Suyog Harip
Designation : Deputy General Manager
Mobile : 9370130082
Email Id : suyogh@emcure.com

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FORM - V
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(See paragraphs 2(x),24,25,26)

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TABLE-A

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|---------|--|---|-----------|-----------------|--|---|---|---|---|---------------------|
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| | Scheduled formulations | | | | | | | | | |
| | Own Manufactured Formulations | | | | | | | | | |
| 1 | Elaxim 30 Mg Injection 1(1.00 No) (Tenecteplase INJECTION) | Tenecteplase 30 MG INJECTION(Each Vial contains Recombinant Tissue Plasminogen Activator (TNK-t-PA) 30 mg.) | 1.00 No | 5.00 | 27037.67 | 30041.86 | 42058.62 | 39429.94 | A122502E02 & Nov-2025 | 78 |
| | 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 | | | | | | | | | |
| | 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 : Pune

Date : 29-Dec-25

Authorized Signatory : Suyog Harip
Name : Suyog Harip
Designation : Deputy General Manager
Mobile : 9370130082
Email Id : suyogh@emcure.com