

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 6000 Iu Pfs(1.00 No) (Erythropoietin INJECTION)	Erythropoietin 6000 IU INJECTION	1.00 No	5.00	1491.39	1657.10	1979.05	2174.95	A072601V01 & Jan-2026	2070
2	Tenectase(1.00 No) (Tenecteplase INJECTION)	Tenecteplase 20 MG INJECTION(Each vial contains recombinant tissue plasminogen activator (TNK-t-PA)-20 mg.)	1.00 No	5.00	28455.77	31617.52	37760.6	41498.00	A112510N19 & Dec-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 : 27-Feb-26

Authorized Signatory : Suyog Harip
Name : Suyog Harip
Designation : Deputy General Manager
Mobile : 9370130082
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