

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

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

Akums Drugs & pharmaceuticals Ltd, Add :304, Mohan Place, Local Shopping Complex, Block - C, Opposite Post Office, Saraswati Vihar, New Delhi, North West, Delhi, 110034

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

Ipca Laboratories Limited, Add : Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West), Mumbai, Mumbai Suburban, Maharashtra, 400067

| 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 | Azifast Readymix 100(15.00 MI) (SUSPENSION) | Azithromycin 100 MG SUSPENSION | 15.00 ML | 12.00 | 37.03 | 41.14 | 52.40 | 57.60 | BVAE03 & Sep-2024 | 9000 |
| 2 | Rapilif - D 8/0.5 Tablets(10.00 No) (TABLET MR) | Silodosin + Dutasteride 8/0.5 MG TABLET MR | 10.00 No | 12.00 | 302.14 | 335.71 | 456.35 | 470.00 | MLJRAM36 & Sep-2024 | 123000 |
| | 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 : 18-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| 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 | Ctd-T 20/6.25 Mg Tablet 15(15.00 No) (TABLET) | Telmisartan + Chlorthalidone 20/6.25 MG TABLET | 15.00 No | 12.00 | 128.09 | 142.32 | 181.20 | 199.25 | FOT044005AK & Sep-2024 | 60000 |
| 2 | Etova Mr Forte 400/8 Mg Tablet 10(10.00 No) (TABLET) | Etodolac + Thiocolchicoside 400/8 MG TABLET | 10.00 No | 12.00 | 243.51 | 270.57 | 344.50 | 378.80 | GMX014002AK & Sep-2024 | 10000 |
| 3 | Tenocheek 25/5 Mg Tablet 10(10.00 No) (TABLET) | Atenolol + Amlodipine 25/5 MG TABLET | 10.00 No | 12.00 | 47.70 | 53.00 | 67.50 | 74.20 | JZF014002AK & Sep-2024 | 2800 |
| 4 | Xtor 5 Mg Tablet 10(10.00 No) (TABLET) | Atorvastatin 5 MG TABLET | 10.00 No | 12.00 | 57.09 | 63.43 | 80.75 | 88.80 | CRR094003AK & Sep-2024 | 50000 |
| | Purchased Formulations | | | | | | | | | |
| | Imported Formulations | | | | | | | | | |

Notes:-In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

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Place : Mumbai

Date : 18-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

Exemed Pharmaceuticals, Add :1st floor, ABS Tower, Old Padra Padra, Vadodara-390007,Vadodara,Vadodara,Gujarat,390007

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| TABLE-A | | | | | | | | | | |
|---------|---|---|-----------|-----------------|--|---|---|---|---|---------------------|
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| | 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 | Bripca 100 Mg Tablet 14(14.00 No) (TABLET) | Brivaracetam 100 MG TABLET | 14.00 No | 12.00 | 319.95 | 355.50 | 474.00 | 497.70 | EMV241986 & Sep-2024 | 10000 |
| | Imported Formulations | | | | | | | | | |

Notes:-In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

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Place : Mumbai

Date : 18-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

OASIS LABORATORIES PVT. LTD., Add :E-18, SELAQUI INDUSTRIAL AREA, SELAQUI DEHRADUN ,DEHRADUN,Dehradun,Uttarakhand,248197

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| TABLE-A | | | | | | | | | | |
|---------|---|---|-----------|-----------------|--|---|---|---|---|---------------------|
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| | Scheduled formulations | | | | | | | | | |
| | Own Manufactured Formulations | | | | | | | | | |
| | Purchased Formulations | | | | | | | | | |
| | Imported Formulations | | | | | | | | | |

| TABLE-B | | | | | | | | | | |
|---------|---|---|-----------|-----------------|--|---|---|---|---|---------------------|
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| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| | Non-Scheduled formulations | | | | | | | | | |
| | Own Manufactured Formulations | | | | | | | | | |
| | Purchased Formulations | | | | | | | | | |
| 1 | Solvin Decongestant Syrup(100.00 ML) (SYRUP) | Phenylephrine 5 MG SYRUP | 100.00 ML | 12.00 | 69.94 | 77.71 | 98.95 | 108.80 | IHG014002AM & Sep-2024 | 20000 |
| | Imported Formulations | | | | | | | | | |

Notes:-In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

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Place : Mumbai

Date : 18-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

PURE AND CURE HEALTHCARE PVT. LTD., Add :PLOT NO. 131 TO 133, BLOCK -C, MANGOLPURI IND. AREA, PHASE - I (ADJOINING CBSE OFFICE),DELHI,New Delhi,Delhi,110083

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| TABLE-A | | | | | | | | | | |
|---------|---|---|-----------|-----------------|--|---|---|---|---|---------------------|
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| | 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 | Suitgrip-D 100/10 Tablets(10.00 No) (TABLET) | Dapagliflozin + Sitagliptin 10/100 MG TABLET | 10.00 No | 12.00 | 135.00 | 150.00 | 200.00 | 210.00 | PJRCB06 & Sep-2024 | 18200 |
| | Imported Formulations | | | | | | | | | |

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Date : 18-Oct-2024

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SCHEDULE - II
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(See paragraphs 2(x),24,25,26)

1. Name and address of the manufacturer / importer / distributor : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067
2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| 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 | Losanorm-H 25/12.5 Mg Tablet 10(10.00 No) (TABLET) | Losartan + Hydrochlorthiazide 25/12.5 MG TABLET | 10.00 No | 12.00 | 44.39 | 49.32 | 62.80 | 69.05 | JRN024001AS & Sep-2024 | 40000 |
| 2 | Zerodol P 100/325 Mg Tablet 10(10.00 No) (TABLET) | Aceclofenac + Paracetamol 100/325 MG TABLET | 10.00 No | 12.00 | 49.50 | 55.00 | 73.00 | 77.00 | KVB114032AS & Aug-2024 | 6280000 |
| 3 | Tenocheek 50/5 Mg Tablet 10(10.00 No) (TABLET) | Atenolol + Amlodipine 50/5 MG TABLET | 10.00 No | 12.00 | 74.38 | 82.64 | 105.25 | 115.70 | JTW014001BH & Sep-2024 | 3500 |
| | 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 : 18-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
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SCHEDULE - II
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(See paragraphs 2(x),24,25,26)

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| TABLE-A | | | | | | | | | | |
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| | Scheduled formulations | | | | | | | | | |
| | Own Manufactured Formulations | | | | | | | | | |
| | Purchased Formulations | | | | | | | | | |
| | Imported Formulations | | | | | | | | | |

| TABLE-B | | | | | | | | | | |
|---------|---|---|-----------|-----------------|--|---|---|---|---|---------------------|
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| | Non-Scheduled formulations | | | | | | | | | |
| | Own Manufactured Formulations | | | | | | | | | |
| 1 | Pacimol Active Tablets(15.00 No) (TABLET) | Paracetamol + Caffeine 650/50 MG TABLET | 15.00 No | 12.00 | 44.78 | 49.75 | 63.35 | 69.65 | IPL034032AZ & Sep-2024 | 150000 |
| | Purchased Formulations | | | | | | | | | |
| | Imported Formulations | | | | | | | | | |

Notes:-In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

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SCHEDULE - II
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(See paragraphs 2(x),24,25,26)

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

MALIK LIFESCIENCES PVT LTD, Add :301, 3RD FLOOR, LAXMI TOWER, LOCAL SHOPING COMPLEX,C BLOCKM SARASWATI VIHAR,DELHI,New Delhi,Delhi,110034

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

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| | 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 | Fastclav 125 Dry Syrup(30.00 ML) (Cefuroxime + Clavulanic Acid DRY SYRUP) | Cefuroxime + Clavulanic Acid 125/31.25 MG DRY SYRUP | 30.00 ML | 12.00 | 146.48 | 162.75 | 207.20 | 227.85 | MJRAT01 & Oct-2024 | 20000 |
| | 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 : 18-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
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Email Id : sunil.kamath@ipca.com

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

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

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| | 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 | Etova 400 Mg Tablet 10(10.00 No) (TABLET) | Etodolac 400 MG TABLET | 10.00 No | 12.00 | 82.48 | 91.64 | 116.70 | 128.30 | EKH014004AK & Aug-2024 | 110000 |
| 2 | Pari 20 Mg Tablet 15(15.00 No) (TABLET) | Paroxetine 20 MG TABLET | 15.00 No | 12.00 | 249.69 | 277.43 | 380.80 | 388.40 | IPN024003AK & Aug-2024 | 10000 |
| 3 | Quel 200 Mg Tablet 10(10.00 No) (TABLET) | Quetiapine 200 MG TABLET | 10.00 No | 12.00 | 119.57 | 132.86 | 180.15 | 186.00 | DQV014003AK & Aug-2024 | 10000 |
| 4 | Quel 25 Mg Tablet 10(10.00 No) (TABLET) | Quetiapine 25 MG TABLET | 10.00 No | 12.00 | 40.63 | 45.14 | 57.50 | 63.20 | KYK014001AK & Aug-2024 | 30000 |
| 5 | Ipca Mmf-S Tablets(15.00 No) (TABLET MR) | Mycophenolic Acid 360 MG TABLET MR | 15.00 No | 5.00 | 678.65 | 754.06 | - | 989.70 | IQS044007AK & Jul-2024 | 20000 |
| | 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 : 07-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| 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 | Hcqs 300 Mg Tablet 10(10.00 No) (TABLET) | Hydroxychloroquine 300 MG TABLET | 10.00 No | 12.00 | 143.74 | 159.71 | 203.30 | 223.60 | GPI064013BH & Sep-2024 | 260000 |
| 2 | Pari Cr 37.5 Mg Tablet 15(15.00 No) (TABLET CR) | Paroxetine 37.5 MG TABLET CR | 15.00 No | 12.00 | 368.84 | 409.82 | 562.50 | 573.75 | IFK024004AS & Jun-2024 | 20000 |
| 3 | Ipcas Hyq 300 Tablets(10.00 No) (TABLET) | Hydroxychloroquine 300 MG TABLET | 10.00 No | 12.00 | 143.74 | 159.71 | 203.30 | 223.60 | JZM014004BH & Sep-2024 | 6900 |
| 4 | Hcqs 300 Tablets(15.00 No) (TABLET) | Hydroxychloroquine 300 MG TABLET | 15.00 No | 12.00 | 215.61 | 239.57 | 304.95 | 335.40 | GPI134014BH & Sep-2024 | 260000 |
| 5 | Pari Cr Forte Tablets(15.00 No) (TABLET CR) | Paroxetine + Clonazepam 25/0.5 MG TABLET CR | 15.00 No | 12.00 | 227.38 | 252.64 | 321.65 | 353.70 | KTA014001AS & Apr-2024 | 20000 |
| | 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 : 07-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

OASIS LABORATORIES PVT. LTD., Add :E-18, SELAQUI INDUSTRIAL AREA, SELAQUI DEHRADUN ,DEHRADUN,Dehradun,Uttarakhand,248197

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

Ipca Laboratories Limited, Add : Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| 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 | Solvin Cold 125/5/2 Mg Syrup 60 MI(60.00 MI) (SYRUP) | Paracetamol + Phenylephrine + Chlorpheniramine 125/5/2 MG SYRUP | 60.00 ML | 12.00 | 54.90 | 61.00 | 77.65 | 85.40 | HWV034006AM & Sep-2024 | 400000 |
| | 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 : 07-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

Akums Drugs & pharmaceuticals Ltd, Add :304, Mohan Place, Local Shopping Complex, Block - C, Opposite Post Office, Saraswati Vihar, New Delhi, North West, Delhi, 110034

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West), Mumbai, Mumbai Suburban, Maharashtra, 400067

| 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 | Fastclav 250 Tablets(10.00 No) (Cefuroxime + Clavulanic Acid TABLET) | Cefuroxime + Clavulanic Acid 250/62.5 MG TABLET | 10.00 No | 12.00 | 225.70 | 250.78 | 340.90 | 351.10 | MLJRS02 & Aug-2024 | 20000 |
| | 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 : 07-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

Exemed Pharmaceuticals, Add :1st floor, ABS Tower, Old Padra Padra, Vadodara-390007,Vadodara,Vadodara,Gujarat,390007

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| 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 | Tikleen-60 Tablets(10.00 No) (TABLET) | Ticagrelor 60 MG TABLET | 10.00 No | 12.00 | 130.82 | 145.36 | - | 203.50 | EMV241975A & Sep-2024 | 19000 |
| | 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 : 07-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

PURE AND CURE HEALTHCARE PVT. LTD., Add :PLOT NO. 131 TO 133, BLOCK -C, MANGOLPURI IND. AREA, PHASE - I (ADJOINING CBSE OFFICE),DELHI,New Delhi,Delhi,110083

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| 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 | Suitgrip-M Xr 100/500 Tablets(10.00 No) (TABLET SR) | Sitagliptin + Metformin 100/500 MG TABLET SR | 10.00 No | 12.00 | 103.91 | 115.46 | 153.95 | 161.65 | PJRBT06 & Sep-2024 | 3400 |
| | 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 : 07-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

Ravenbhel Healthcare Private Limited, Add :16-17, EPIP ,SIDCO,Kartholi,,Bari Brahmana,Jammu,Jammu And Kashmir,181133

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| 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 | Rxtor F 10/145 Mg Tablet 10(10.00 No) (TABLET) | Rosuvastatin + Fenofibrates 10/145 MG TABLET | 10.00 No | 12.00 | 156.99 | 174.43 | 222.10 | 244.20 | 116024021 & Aug-2024 | 20000 |
| 2 | Peg D 75/20 Capsule(10.00 No) (CAPSULE DR) | Duloxetine + Pregabalin 20/75 MG CAPSULE DR | 10.00 No | 12.00 | 150.65 | 167.39 | 223.20 | 234.35 | FKIH2404 & Aug-2024 | 9000 |
| 3 | Glycinorm-M Xr Forte Tablets(15.00 No) (TABLET MR) | Gliclazide + Metformin 60/1000 MG TABLET MR | 15.00 No | 12.00 | 153.39 | 170.43 | 217.00 | 238.60 | MBIH2401 & Aug-2024 | 19300 |
| | 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 : 07-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

Tirupati Medicare Limited, Add :D14, Preet Vihar, New Delhi,Preet Vihar,New Delhi,Delhi,110092

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| 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 | Rinosolvin Kid 4/2.5 Mg Tablet 10(10.00 No) (TABLET DT) | Montelukast + Levocetirizine 4/2.5 MG TABLET DT | 10.00 No | 12.00 | 64.64 | 71.82 | 91.45 | 100.55 | RNK24001 & Sep-2024 | 10000 |
| 2 | Solvin Ls 1/30/50 Mg Syrup 100 MI(100.00 MI) (SYRUP) | Levosulbutamol + Ambroxol + Guaifenesin 1/30/50 MG SYRUP | 100.00 ML | 12.00 | 82.93 | 92.14 | 122.25 | 129.00 | SLS24009 & Sep-2024 | 60000 |
| | 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 : 07-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| 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 | | | | | | | | | |
| 1 | Cinkona 300 Mg Tablet 10(10.00 No) (TABLET) | Quinine 300 MG TABLET | 10.00 No | 5.00 | 40.68 | 45.20 | 59.33 | 59.33 | UR044002AK & Aug-2024 | 20000 |
| | 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 : Mumbai

Date : 07-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| 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 | | | | | | | | | |
| 1 | Pacimol 650 Mg Tablet 15(15.00 No) (TABLET) | Paracetamol 650 MG TABLET | 15.00 No | 12.00 | 21.71 | 24.12 | 33.77 | 33.77 | GMW204001AZ & Aug-2024 | 990000 |
| | 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 : Mumbai

Date : 07-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

Hetero Labs Limited, Add :Hetero Corporate, 7-2-A/2, Industrial Estate, Sanath Nagar,,Hyderabad,Ranga Reddy,Telangana,500018

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| 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 | | | | | | | | | |
| 1 | Telminorm 80 Mg Tablet 10(10.00 No) (TABLET) | Telmisartan 80 MG TABLET | 10.00 No | 12.00 | 74.88 | 83.20 | 116.48 | 116.48 | TM240701 & Jul-2024 | 15000 |
| | 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 : Mumbai

Date : 14-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

Akums Drugs & pharmaceuticals Ltd, Add :304, Mohan Place, Local Shopping Complex, Block - C, Opposite Post Office, Saraswati Vihar, New Delhi, North West, Delhi, 110034

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West), Mumbai, Mumbai Suburban, Maharashtra, 400067

| 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 | | | | | | | | | |
| 1 | Azifast Readymix 200(15.00 MI) (SUSPENSION) | Azithromycin 200 MG SUSPENSION | 15.00 ML | 12.00 | 36.83 | 40.92 | 57.29 | 57.29 | AHAD12 & Sep-2024 | 9000 |
| | 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 : Mumbai

Date : 18-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

| 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 | | | | | | | | | |
| 1 | Glyree 2 Mg Tablet 10(10.00 No) (TABLET) | Glimepiride 2 MG TABLET | 10.00 No | 12.00 | 41.76 | 46.40 | 64.96 | 64.96 | EKN024002AS & Aug-2024 | 50000 |
| | 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 : Mumbai

Date : 18-Oct-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com