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 : Emcure Pharmaceuticals Ltd., Add :IT-BT PARK, PHASE II, M.I.D.C. HINJAWADI, PUNE, Pune, Maharashtra, 411057

2. Name and address of the marketing company, if any: Emcure Pharmaceuticals Ltd., Add III-B1 PARK, PHASE II, M.I.D.C. HINJAWADI,PUNE,Pune,Manarashtra,411057										
TABLE-A										
SI. No.	Name of the Product(Formulation and its dosage forms)			GST rate (in %)	Distributor (excluding taxes)		amu (imal	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										
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authoritie	Pack Size	GST rat (in %)	Price to Distributo (excluding taxes) (Rs.)	Price to retailer (excludin taxes) (Rs.)	Pre-revise Maximum Retail Price, if any (incl. of all taxes) (Rs	Retail Price (incl. of all taxes)	Batch no. and date from which price	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
1		Pegfilgrastim 6 MG INJECTION(Each Pre Filled Syringe contains:Pegfilgrast IP-6.0mg,Sodium acetateanhydrous IP/BP-0.0738mg,Glacial acetic acidIP/BP/Ph.Eur 0.306mg, SorbitoIIP/BP/Ph.Eur30.0m Polysorbate20 IP/BP/Ph.Eur. 0.02mg, Water for Injection IP/BP/Ph.Eur./USP-q.s.to 0.6ml)	1.00 No	12.00	3912.43	4347.14	5538	6086.00	A312507P14 & Jun-2025	1000
	Purchased Formulations									لــــــــــــــــــــــــــــــــــــــ
	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 : Pune 23-Jul-25 Date :

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

Email Id: suyogh@emcure.com