

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-A2, Industrial Estate, Sanath Nagar,,HYDERABAD,Ranga Reddy,Telangana,500018

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

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI,MUMBAI,Mumbai,Maharashtra,400088

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 | Censpram 10 Mg Tablet 10(10.00 Tablet) (Escitalopram TABLET) | Escitalopram 10 MG TABLET | 10.00 TABLET | 12.00 | 65.95 | 73.28 | - | 102.59 | CN250601 & Jun-2025 | 1200000 |
| | 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 : 17-Jul-25

Authorized Signatory : Nikhil Chugh
Name : Nikhil Chugh
Designation : Dy General Manager
Mobile : 7400047289
Email Id : nikhil.chugh@usv.in

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

1. Name and address of the manufacturer / importer / distributor : NANZ MED SCIENCE PHARMA (P) LTD, Add :B,214, Nariana Industrial Area Phase-1,New Delhi,New Delhi,Delhi,110028
2. Name and address of the marketing company, if any : USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI,MUMBAI,Mumbai,Maharashtra,400088

| 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 | Erytop Spray(100.00 Ml) (Clindamycin SPRAY) | Clindamycin 1 % SPRAY | 100.00 ML | 5.00 | 414.86 | 460.95 | - | 605.00 | N4550001 & Jul-2025 | 6000 |
| | 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 : 15-Jul-25

Authorized Signatory : Nikhil Chugh
Name : Nikhil Chugh
Designation : Dy General Manager
Mobile : 7400047289
Email Id : nikhil.chugh@usv.in

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

1. **Name and address of the manufacturer / importer / distributor :** TRISTAR FORMULATIONS PVT LIMITED, Add :PLOT NO A -116 & A-117 27 TH CROSS PIPDIC INDUSTRIAL ESTATE METTUPALAYAM,MARIE OULGARET,Pondicherry,Puducherry,605009
2. **Name and address of the marketing company, if any :** USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI,MUMBAI,Mumbai,Maharashtra,400088

| 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 | Glycomet Gp 3 Forte Tablets 10(10.00 Tablet) (Glimepiride + Metformin TABLET) | Glimepiride + Metformin 3/1000 MG TABLET | 10.00 TABLET | 12.00 | 84.99 | 94.43 | - | 132.20 | TF25F190 & Jun-2025 | 1000000 |
| | 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 : 17-Jul-25

Authorized Signatory : Nikhil Chugh
Name : Nikhil Chugh
Designation : Dy General Manager
Mobile : 7400047289
Email Id : nikhil.chugh@usv.in

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

1. Name and address of the manufacturer / importer / distributor : USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI,MUMBAI,Mumbai,Maharashtra,400088
2. Name and address of the marketing company, if any : USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI,MUMBAI,Mumbai,Maharashtra,400088

| 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 | Glynase XL-5 Tablets 10s(10.00 Tablet) (Glipizide TABLET SR) | Glipizide 5 MG TABLET SR | 10.00 TABLET | 12.00 | 8.87 | 9.86 | - | 13.80 | 26010793 & Jun-2025 | 1000000 |
| | 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-Jul-25

Authorized Signatory : Nikhil Chugh
Name : Nikhil Chugh
Designation : Dy General Manager
Mobile : 7400047289
Email Id : nikhil.chugh@usv.in

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

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

Hetero Labs Limited, Add :Hetero Corporate, 7-2-A2, Industrial Estate, Sanath Nagar,,HYDERABAD,Ranga Reddy,Telangana,500018

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

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI,MUMBAI,Mumbai,Maharashtra,400088

| 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 | Roseday F 5/160 Mg Tablet 10(10.00 Tablet) (Rosuvastatin + Fenofibrates TABLET) | Rosuvastatin + Fenofibrates 5/160 MG TABLET | 10.00 TABLET | 12.00 | 147.76 | 164.18 | - | 229.85 | RAY250608 & Jun-2025 | 10000000 |
| | Imported Formulations | | | | | | | | | |

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

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Place : Mumbai

Date : 10-Jul-25

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

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

THE MADRAS PHARMACEUTICALS, Add :15, GOPALAKRISHNA ROAD, T.NAGAR,CHENNAI,Chennai,Tamil Nadu,600017

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

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI,MUMBAI,Mumbai,Maharashtra,400088

| 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 | Tazloc Ct 40/6.25 Mg Tablet 10(10.00 Tablet) (Telmisartan + Chlorthalidone TABLET) | Telmisartan + Chlorthalidone 40/6.25 MG TABLET | 10.00 TABLET | 12.00 | 94.82 | 105.36 | - | 147.50 | M250668 & May-2025 | 10000000 |
| | 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 : 17-Jul-25

Authorized Signatory : Nikhil Chugh
Name : Nikhil Chugh
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Email Id : nikhil.chugh@usv.in