

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

1. **Name and address of the manufacturer / importer / distributor :** VARDHAMAN REMEDIES PVT LTD, Add :103, ORCHID PLAZA, NATAKWALA LANE, OFF.S.V.ROAD,BORIVALI WEST,Mumbai Suburban,Maharashtra,400092
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	Nizer 10 Mg Gel 30 Gm(30.00 Gm) (Nimesulide GEL)	Nimesulide 10 MG GEL	30.00 GM	12.00	100.16	111.29	-	155.80	NG5020 & Jul-2025	14000
	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 : 19-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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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

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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	Pioz 7.5 Mg Tablet 10(10.00 Tablet) (Pioglitazone TABLET)	Pioglitazone 7.5 MG TABLET	10.00 TABLET	12.00	72.64	80.71	-	113.00	TF25E166 & May-2025	30000000
	Imported Formulations									

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

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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
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	Non-Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Siloderm Cream 20 Gm(20.00 Gm) (Emollients CREAM)	Emollients NA CREAM	20.00 GM	12.00	71.07	78.97	-	110.55	SC5010 & Jul-2025	12000
	Imported Formulations									

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

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Name : Nikhil Chugh
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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 :

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 :

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

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	Non-Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Glycomet Gp Star 1(10.00 Tablet) (Sitagliptin + Metformin + Glimepiride TABLET)	Sitagliptin + Metformin + Glimepiride 50/500/1 MG TABLET	10.00 TABLET	12.00	82.93	92.14	-	129.00	EMV251540A & Jun-2025	1000000
2	Glycomet Gp Star 2(10.00 Tablet) (Sitagliptin + Metformin + Glimepiride TABLET)	Sitagliptin + Metformin + Glimepiride 50/500/2 MG TABLET	10.00 TABLET	12.00	104.40	116.00	-	162.40	EMV251545A & Jul-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 : 21-Jul-25

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