Form Ref No.: Ref/IPDMS/Form/5/378 Date: 28-Jul-2025

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

1. Name and address of the manufacturer \slash importer \slash distributor :

 ${\tt USV\;LIMITED,\;Add\;:} ARVIND\;VITHAL\;GANDHI\;MARG,\;BSD\;MARG,\;GOVANDI,\\ MUMBAI,\\ Mumbai,\\ Maharashtra,\\ 400088$

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									
SI. 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.)		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-E	3					
		Composition			Price to	Price to	Pre-revised Maximum	waximum		
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Distributor (excluding taxes) (Rs.)		Retail Price, if any (incl. of all taxes) (Rs.)	Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
		approved by Drug	Pack Size		(excluding taxes)	(excluding taxes)	Price, if any (incl. of all	Price (incl. of all taxes)	which price revision is	
No.	dosage forms)	approved by Drug Control Authorities		(in %)	(excluding taxes) (Rs.)	(excluding taxes) (Rs.)	Price, if any (incl. of all taxes) (Rs.)	Price (incl. of all taxes) (Rs.)	which price revision is effective	Capacity
No.	dosage forms) (2)	approved by Drug Control Authorities		(in %)	(excluding taxes) (Rs.)	(excluding taxes) (Rs.)	Price, if any (incl. of all taxes) (Rs.)	Price (incl. of all taxes) (Rs.)	which price revision is effective	Capacity
No.	dosage forms) (2) Non-Scheduled formulations	approved by Drug Control Authorities		(in %)	(excluding taxes) (Rs.)	(excluding taxes) (Rs.)	Price, if any (incl. of all taxes) (Rs.)	Price (incl. of all taxes) (Rs.)	which price revision is effective	Capacity
No.	(2) Non-Scheduled formulations Own Manufactured Formulations Ecosprin Av 150 - 20 Caps 15(15.00	approved by Drug Control Authorities (3) Atorvastatin + Aspirin	(4) 15.00	(in %) (5)	(excluding taxes) (Rs.)	(excluding taxes) (Rs.)	Price, if any (incl. of all taxes) (Rs.)	Price (incl. of all taxes) (Rs.)	which price revision is effective (10)	(11)

 $\underline{\textbf{Notes:-}} \textbf{In case of purchased/imported formulation, Name of the manufacturer shall be indicated.}$

The information furnished above is correct and true to the best of my knowledge and belief.

Place: Mumbai Date: 28-Jul-25

Authorized Signatory : Nikhil Chugh
Name : Nikhil Chugh

Designation:

Dy General Manager

Mobile: 7400047289

Email Id: nikhil.chugh@usv.in

Form Ref No.: Ref/IPDMS/Form/5/381 Date: 30-Jul-2025

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

1. Name and address of the manufacturer \slash importer \slash distributor :

CREST LIFESCIENCES PVT.LTD, Add :PLOT NO 127-28 EPIP PHASE 1 JHARMAJRI BADDI SOLAN H.P.,BADDI,Solan,Himachal Pradesh,174103

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

2. 14	ane and address of the marketing company.	, ii arry :	TLD, Add	.AITVIIVD V	ITTIAL GAINE	or ir iviAria, E	JOD WATE, C	ZO VAINDI,IV	iowbai,wumbai,wanarasiii	4,40000	
l	TABLE-A										
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	taxes)	Price to retailer (excluding taxes) (Rs.)	Maximum Retail Price, if any (incl.	Maximum Retail Price (incl. of all taxes)	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-E	3						
SI. 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.)	Retail Price (incl. of all taxes)	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	Exelyte 5.439 Gm Solution 45 MI(45.00 MI) (Other Oral Saline Preparations SOLUTION)	Other Oral Saline Preparations 5.439 GM SOLUTION	45.00 ML	12.00	401.72	446.36	-	624.90	CLEX5004 & Jul-2025	100	
	Į										

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: 30-Jul-25

> Authorized Signatory : Nikhil Chugh Name : Nikhil Chugh Dy General Manager Designation : Mobile : 7400047289

Email ld : nikhil.chugh@usv.in

Form Ref No.: Ref/IPDMS/Form/5/382 Date: 30-Jul-2025

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

1. Name and address of the manufacturer \slash importer \slash distributor :

SWISS GARNIERS GENEXIAA SCIENCES PRIVATE LIMITED, Add :SWISS GARNIERS GENEXIAA SCIENCES PRIVATE LIMITED,CHENNAI,Chennai,Tamil Nadu,600016

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

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

	2. Name and address of the marketing company, if any										
	TABLE-A										
SI. 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.)		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		1								
	Own Manufactured Formulations		1								
	Purchased Formulations	1			ĺ	ĺ	ĺ				
	Imported Formulations	1			ĺ	ĺ	ĺ				
				TABLE-E	3						
SI. 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.)		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	Gynae C.V.P Capsule 10(10.00 Capsule) (Elemental Iron + Others CAPSULE)	Elemental Iron + Others NA CAPSULE	10.00 CAPSULE	12.00	37.13	41.25	-	57.75	SGY0462 & Jul-2025	10000000	
	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: Mumbai Date: 30-Jul-25

Authorized Signatory : Nikhil Chugh
Name : Nikhil Chugh
Designation : Dy General

Designation : Dy General Manager

Mobile : 7400047289

Email Id: nikhil.chugh@usv.in

Form Ref No.: Ref/IPDMS/Form/5/383 Date: 31-Jul-2025

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

1. Name and address of the manufacturer \slash importer \slash distributor :

Synokem Pharmaceuticals Limited, Add :14/486, Basement & Ground Floor Outer Ring Road, Paschim Vihar, Sunder Vihar, Delhi, West, Delhi, 110087

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										
SI. 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-E	3						
SI. 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 Gold 75/10/75 Mg Capsule 10(10.00 Capsule) (Aspirin + Rosuvastatin + Clopidogrel CAPSULE)	Aspirin + Rosuvastatin + Clopidogrel 75/10/75 MG CAPSULE	10.00 CAPSULE	12.00	115.46	128.29	-	179.60	25S2GCA596 & Jul-2025	18000000	
	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: 31-Jul-25

> Authorized Signatory : Nikhil Chugh Name : Nikhil Chugh Dy General Manager Designation : Mobile : 7400047289

nikhil.chugh@usv.in Email Id:

Form Ref No.: Ref/IPDMS/Form/5/380 Date: 30-Jul-2025

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

1. Name and address of the manufacturer \slash importer \slash distributor :

 ${\tt USV\;LIMITED,\;Add\;:} ARVIND\;VITHAL\;GANDHI\;MARG,\;BSD\;MARG,\;GOVANDI,\!MUMBAI,\!Mumbai,\!Maharashtra,\!400088$

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									
SI. 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-E	3					
SI. 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	Tazloc H 80/12.5 Mg Tablet 10(10.00 Tablet) (Telmisartan + Hydroclorthiazide TABLET)	Telmisartan + Hydroclorthiazide 80/12.5 MG TABLET	10.00 TABLET	12.00	179.68	199.64	-	279.50	48020399 & Jul-2025	1000000
	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: 30-Jul-25

Authorized Signatory: Nikhil Chugh
Name: Nikhil Chugh
Designation: Dy General Manager
Mobile: 7400047289

Email Id: nikhil.chugh@usv.in