

**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 :

Zuventus Healthcare Ltd., Add :Zuventus House,Plot Y2,CTS No.358/A2,Near Nahur Railway Station, Nahur (West),Mumbai,Mumbai,Maharashtra,400078

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	Eporise 2000 Iu Pfs(1.00 No) (Erythropoietin INJECTION)	Erythropoietin 2000 IU INJECTION(Each pre-filled syringe Contains Erythropoietin Concentrated Solution IP 2000 IU)	1.00 No	12.00	402.58	447.31	615.53	626.23	A042501S01 & Jun-2025	2070
	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 : Pune

Date : 23-Jul-25

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