



Form Ref No.: Ref/IPDMS/Form/5/94 Date: 24-Jun-2025

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

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

Procter & Gamble Health Limited, Add :Ground & First Floor, P&G Plaza, Cardinal Gracious Road, Chakala,Mumbai,Mumbai,Maharashtra,400099

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

Procter & Gamble Health Limited, Add :Ground & First Floor, P&G Plaza, Cardinal Gracious Road, Chakala,Mumbai,Mumbai,Maharashtra,400099

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									
1	Evion 600 Mg Capsule 10(1.00 Pack) (Vitamin E CAPSULE)	Vitamin E 600 MG CAPSULE	1.00 PACK	12.00	44.18	49.09	68.72	68.72	5172C59920 & Jun-2025	0
	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 : 24-Jun-2025

**Authorized Signatory :** Lokesh Chandak  
**Name :** Lokesh Chandak  
**Designation :** CFO  
**Mobile :** 9673686407  
**Email Id :** chandak.l@pg.com

**Procter & Gamble Health Limited**

CIN: L99999MH1967PLC013726

Registered Office: Ground Floor and First Floor,  
P&G Plaza, Cardinal Gracious Road, Chakala,  
Andheri-E, Mumbai-400 099 | Tel: (91-22) 6866 9000  
www.pghealthindia.com



Form Ref No.: Ref/IPDMS/Form/5/93 Date: 20-Jun-2025

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FORM - V  
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(See paragraphs 2(x),24,25,26)**

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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
(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									
1	Polybion Lc Syrup 300 Ml(1.00 Pack) (Plain Vitamin B Complex SYRUP)	Plain Vitamin B Complex NA SYRUP	1.00 PACK	12.00	196.41	218.23	305.52	305.52	5168C84801 & Jun-2025	0
	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 : 20-Jun-2025

**LOKESH  
CHANDAK**

Digitally signed by  
LOKESH CHANDAK  
Date: 2025.06.20  
19:22:41 +05'30'

Authorized Signatory : Lokesh Chandak  
Name : Lokesh Chandak  
Designation : CFO  
Mobile : 9673686407  
Email Id : chandak.l@pg.com

**Procter & Gamble Health Limited**

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