Form Ref No.: Ref/IPDMS/Form/5/344 Date: 17-Jun-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 :

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

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

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

TABLE-A										
	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.)	retailer	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Retail Price	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	Amlopin 2.5 Mg Tablet 10(10.00 Tablet) (Amlodipine TABLET)	Amlodipine 2.5 MG TABLET	10.00 TABLET	12.00	13.10	14.56	-	20.38	48020288 & May-2025	12000000
	Purchased Formulations									
	Imported Formulations									
				TABLE-B						
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.)	retailer (excluding	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									
	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-Jun-2025

 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)

Name and address of the manufacturer / importer / distributor :

Windlas Biotech Limited, Add :40/1, Mohabewala Industrial Area, Dehradun, Dehradun, Uttarakhand, 248110

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, it any .										
TABLE-A										
	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Distributor (excluding taxes)	retailer (excluding taxes)	any (incl.	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-B									
					Price to	Price to	Pre-revised	Maximum		
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Distributor		Maximum 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		Distributor (excluding taxes)	retailer (excluding taxes)	Retail Price, if any (incl. of all	Price (incl. of all taxes)	which price revision is	
No.	dosage forms)	approved by Drug Control Authorities		(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Retail 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 %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Retail 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 %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Retail 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	approved by Drug Control Authorities		(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Retail 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 Purchased Formulations Roseday Cv 10/75 Mg Capsule 10(10.00 Capsule) (Rosuvastatin + Clopidogrel	approved by Drug Control Authorities (3) Rosuvastatin + Clopidogrel 10/75 MG	10.00	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Retail 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: 03-Jun-2025

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 \slash importer \slash distributor :

Windlas Biotech Limited, Add :40/1, Mohabewala Industrial Area, Dehradun, Dehradun, Uttarakhand, 248110

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

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

	and address of the marketing company	, . ,	,			,	-,-	,	TOWNDAI, Warra asmi	
-		1		TABLE-A	\	1	la		1	
	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Distributor (excluding taxes)	(excluding taxes)	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									
	Udapa Gold Forte 2 Tablet 10s(10.00 Tablet) (Dapagliflozin + Metformin + Glimepiride TABLET)	Dapagliflozin + Metformin + Glimepiride 10/1000/2 MG TABLET	10.00 TABLET	12.00	92.88	103.20	-	144.48	UVT25001 & May-2025	1000000
	Imported Formulations									
				TABLE-E	3					
	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Distributor (excluding taxes)	retailer (excluding taxes)	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									

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

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

Place: Mumbai

Date: 18-Jun-2025

Authorized Signatory: Nikhil Chugh

Name: Nikhil Chugh

Designation: Dy General Manager

Mobile: 7400047289

Email Id: nikhil.chugh@usv.in