

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

1. Name and address of the manufacturer / importer / 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 : 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									
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										
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 : 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**  
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**PROFORMA FOR PRICE LIST**  
(See paragraphs 2(x),24,25,26)

1. 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

**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	Roseday Cv 10/75 Mg Capsule 10(10.00 Capsule) (Rosuvastatin + Clopidogrel CAPSULE)	Rosuvastatin + Clopidogrel 10/75 MG CAPSULE	10.00 CAPSULE	12.00	54.70	60.78	-	85.10	ROC25012 & May-2025	100000
	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 : 03-Jun-2025

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

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(See paragraphs 2(x),24,25,26)

1. 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

**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)
	<b>Scheduled formulations</b>									
	<b>Own Manufactured Formulations</b>									
	<b>Purchased Formulations</b>									
1	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
	<b>Imported Formulations</b>									

**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)
	<b>Non-Scheduled formulations</b>									
	<b>Own Manufactured Formulations</b>									
	<b>Purchased Formulations</b>									
	<b>Imported Formulations</b>									

**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 : 18-Jun-2025

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