Form Ref No.: Ref/IPDMS/Form/5/350 Date: 25-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 :

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.)	retailer (excluding taxes)	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)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Ecosprin 325 Mg Tablet 14(14.00 Tablet) (Aspirin TABLET)	Aspirin 325 MG TABLET	14.00 TABLET	12.00	7.55	8.21	-	10.66	56001773 & Apr-2025	8000000
	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 taxes)	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)
	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 : 25-Jun-2025

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

Email Id: nikhil.chugh@usv.in

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

ACCENT PHARMA, Add :PLOT NO. B-159, 22nd CROSS, PIPDIC INDUSTRIAL ESTATE, METTUPALAYAM, PUDUCHERRY, Pondicherry, Puducherry, 605009

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 %)	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)
	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.)		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	Ecosprin Av 20/75 Mg Capsule 10(10.00 Capsule) (Atorvastatin + Aspirin CAPSULE)	Atorvastatin + Aspirin 20/75 MG CAPSULE	10.00 CAPSULE	12.00	35.24	38.30	-	51.07	APG25049 & Jun-2025	20000000
	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: 18-Jun-2025

> Authorized Signatory : Nikhil Chugh Name: Nikhil Chugh

Dy General Manager Designation: Mobile : 7400047289

Email Id: nikhil.chugh@usv.in

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

ACCENT PHARMA, Add: PLOT NO. B-159, 22nd CROSS, PIPDIC INDUSTRIAL ESTATE, METTUPALAYAM, PUDUCHERRY, Pondicherry, Puducherry, 605009

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)	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	ĺ								
	Purchased Formulations	ĺ	ĺ							
	Imported Formulations	ĺ	ĺ							
	,	-		TABLE-	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	Ecosprin Av 10/150 Mg Capsule 15(15.00 Capsule) (Atorvastatin + Aspirin CAPSULE)	Atorvastatin + Aspirin 10/150 MG CAPSULE	15.00 CAPSULE	12.00	45.61	49.58	-	66.10	APB25012 & May-2025	90000000

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

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

Place : Mumbai Date: 19-Jun-2025

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

Designation: Manager Mobile : 7400047289

Email Id: nikhil.chugh@usv.in

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										
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)	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.)	1	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	Glycomet Gp 2/500 Mg Tablet Sr 15(15.00 Tablet) (Glimepiride + Metformin TABLET SR)	Glimepiride + Metformin 2/500 MG TABLET SR	15.00 TABLET	12.00	123.43	137.14	-	192.00	60002095 & May-2025	35000000	
	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: 19-Jun-2025

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

Email Id: nikhil.chugh@usv.in

Name and address of the manufacturer / importer / distributor :

SWISS GARNIER LIFE SCIENCES, Add :SKCL Central Square one, 1st Floor, South Wing, Thiru-Vi-Ka Industrial

Estate, CHENNAI, Chennai, Tamil Nadu, 600032

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 Pre-revised Maximum Price to Price to Maximum Retail Composition as Distributor retailer Retail Batch no. and date from SI. Name of the Product(Formulation and its GST rate Price Pack Production approved by Drug Control Authorities (excluding (excluding Price, if which price revision is Capacity dosage forms) Size (incl. of effective any (incl. taxes) taxes) all taxes) (Rs.) (Rs.) of all (Rs.) taxes) (Rs (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Scheduled formulations Own Manufactured Formulations **Purchased Formulations** Imported Formulations TABLE-B Pre-revised Maximum Price to Price to Maximum Retail Composition as Distributor Retail Batch no. and date from retailer GST rate Name of the Product(Formulation and its SI. Pack Price Production approved by Drug Control Authorities (excluding (excluding Price, if which price revision is dosage forms) Size (incl. of Capacity (in %) effective taxes) taxes) any (incl. all taxes) (Rs.) (Rs.) of all (Rs.) taxes) (Rs.) (1) (10) (11) (2) (3) (4) (5) (6) (7) (9) (8) Non-Scheduled formulations **Own Manufactured Formulations** Purchased Formulations Voalibose + Metformin Glycomet Trio Forte 0.2/1000/1 Mg Tablet Sr 10(10.00 Tablet) (Voglibose + Metformin + + Glimepiride 10.00 12.00 107.84 119.82 167.75 121TGF047 & Jun-2025 1000000 0.2/1000/1 MG TABLET Glimepiride TABLET SR) TABLET SR

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 18-Jun-2025 Date:

Imported Formulations

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

Mobile : 7400047289

Email ld: nikhil.chugh@usv.in