Form Ref No.: Ref/IPDMS/Form/5/343 Date: 10-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 :

Softech Pharma Private Limited, Add :Plot No 708 & 6 Behind Somnath Temple Somnath Road Dabhel Nani Daman 396215,Daman,,The Dadra And Nagar Haveli And Daman And Diu,396215

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) (Rs.)	any (inal	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									
	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)	any (inal	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									
1	D Rise 2000 lu Softgel Capsule 10(10.00	Vitamin D3 (Cholecalciferol) 2000	10.00	12.00	73.10	81.22	-	113.70	SRD0725 & May-2025	18000000
	Capsule) (Vitamin D3 (Cholecalciferol) SOFTGEL CAPSULE)	IU SOFTGEL CAPSULE	CAPSULE	.2.00	70.10	01.22			.,	

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: 10-Jun-2025

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

Mobile:

Email Id: nikhil.chugh@usv.in

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