## 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

2. Name and address of the marketing company, if any .										
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)	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-	3					
							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 (excluding taxes)	retailer	Retail	Retail Price (incl. of all taxes)	Batch no. and date from which price revision is effective	Production Capacity
		approved by Drug			Distributor (excluding taxes)	retailer (excluding taxes)	Retail Price, if any (incl. of all	Retail Price (incl. of all taxes)	Batch no. and date from which price revision is	
No.	dosage forms)	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	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	Capacity
No.	dosage forms) (2)	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	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	Capacity
No.	dosage forms) (2) Non-Scheduled formulations	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	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	Capacity
No.	(2) Non-Scheduled formulations Own Manufactured Formulations	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	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	Capacity
No.	(2) Non-Scheduled formulations Own Manufactured Formulations Purchased Formulations Duotrol 5/500 Mg Tablet 10(10.00 Tablet)	approved by Drug Control Authorities  (3)  Glibenclamide + Metformin 5/500 MG	(4) 10.00	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	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 (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: 15-Mar-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 :

Exemed Pharmaceuticals, Add :1st floor, ABS Tower, Old Padra Padra, Vadodara-390007, Vadodara, Vadodara, Gujarat, 390007

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. Halle and address of the marketing company, it any .										
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 %)	taxes)	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			1						
	Purchased Formulations	ĺ	ĺ			ĺ	ĺ		ĺ	
	Imported Formulations	ĺ	ĺ			ĺ	ĺ			
		2		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.)	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	Ricosprin 20 Mg Tablet 15(15.00 Tablet) (Rivaroxaban TABLET)	Rivaroxaban 20 MG TABLET	15.00 TABLET	12.00	231.01	256.68	-	359.35	EMV250406A & Feb-2025	1500000
Ľ	(Rivaroxaban TABLET)	IADELI	IADLLI							

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

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

Place: Mumbai

Date: 27-Mar-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 / importer / distributor :

Hetero Labs Limited, Add :Hetero Corporate, 7-2-A/2, Industrial Estate, Sanath Nagar,,Hyderabad,Ranga Reddy,Telangana,500018

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-	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.)	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	Tazloc Am 80/5 Mg Tablet 10(10.00 Tablet) (Telmisartan + Amlodipine TABLET)	Telmisartan + Amlodipine 80/5 MG TABLET	10.00 TABLET	12.00	153.55	170.61	-	238.85	TAM250204 & Feb-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 : 27-Mar-2025

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

nikhil.chugh@usv.in Email Id: