

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

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

Sanofi Consumer Healthcare India Limited, Add :11th Floor, Unit No 1104, Godrej two, Eastern Express Highway,,Pirojshanagar,Mumbai Suburban,Maharashtra,400079

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

Sanofi Consumer Healthcare India Limited, Add :11th Floor, Unit No 1104, Godrej two, Eastern Express Highway,,Pirojshanagar,Mumbai Suburban,Maharashtra,400079

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	Baralgan Nu 20/500 Mg Tablet 10(10.00 Tablet) (Dicyclomine + Paracetamol TABLET)	Dicyclomine + Paracetamol 20/500 MG TABLET(Dicyclomine + Paracetamol 20/500 MG TABLET )	10.00 TABLET	5.00	36.58	40.64	48.51	53.34	BNU26001 & Feb-2026	216000
	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 : 02-Mar-26

**Authorized Signatory :** Dnyanesh Bhat  
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