

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

1. 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

**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>									
	<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>									
1	Udapa Trio Forte Tablet(10.00 Tablet) (Dapagliflozin + Sitagliptin + Metformin TABLET)	Dapagliflozin + Sitagliptin + Metformin 10/100/1000 MG TABLET	10.00 TABLET	5.00	148.11	164.57	-	216.00	EMV260537 & Mar-2026	100000
	<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 : 27-Mar-26

**Authorized Signatory :** Nikhil Chugh  
**Name :** Nikhil Chugh  
**Designation :** Senior Deputy General Manager  
**Mobile :** 9136037307  
**Email Id :** nikhil.chugh@usv.in

**SCHEDULE - II**  
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**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>									
	<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>									
1	Udapa S 10/100 Mg Tablet 10(10.00 Tablet) (Dapagliflozin + Sitagliptin TABLET)	Dapagliflozin + Sitagliptin 10/100 MG TABLET	10.00 TABLET	5.00	133.65	148.50	185.63	194.90	EMV260595 & Mar-2026	5000000
	<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 : 26-Mar-26

**Authorized Signatory :** Nikhil Chugh  
**Name :** Nikhil Chugh  
**Designation :** Senior Deputy General Manager  
**Mobile :** 9136037307  
**Email Id :** nikhil.chugh@usv.in

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

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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>									
	<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>									
1	Lipicard 160 Mg Tablet 10(10.00 Tablet) (Fenofibrate TABLET)	Fenofibrate 160 MG TABLET	10.00 TABLET	5.00	152.91	169.90	-	223.00	28027921 & Feb-2026	16000000
	<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 : 12-Mar-26

**Authorized Signatory :** Nikhil Chugh  
**Name :** Nikhil Chugh  
**Designation :** Senior Deputy  
General Manager  
**Mobile :** 9136037307  
**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 : 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)
	<b>Scheduled formulations</b>									
	<b>Own Manufactured Formulations</b>									
	<b>Purchased Formulations</b>									
	<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>									
1	Triple A Cal Tablet(15.00 Tablet) (Calcium TABLET)	Calcium 150 MG TABLET(Each hard gelatin Tablets contains : Calcium 150 mg )	15.00 TABLET	5.00	101.90	113.22	-	148.60	28028024 & Mar-2026	100000
	<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 : 31-Mar-26

**Authorized Signatory :** Nikhil Chugh  
**Name :** Nikhil Chugh  
**Designation :** Senior Deputy General Manager  
**Mobile :** 9136037307  
**Email Id :** nikhil.chugh@usv.in

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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>									
	<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>									
1	Pioz Mf 15/500 Mg Tablet 10(10.00 Tablet) (Pioglitazone + Metformin TABLET)	Pioglitazone + Metformin 15/500 MG TABLET	10.00 TABLET	5.00	109.54	121.71	-	159.75	28027901 & Feb-2026	25000000
	<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 : 12-Mar-26

**Authorized Signatory :** Nikhil Chugh  
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	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									
1	Gp 3 Mg Tablet 10(10.00 Tablet) (Glimepiride TABLET)	Glimepiride 3 MG TABLET	10.00 TABLET	5.00	106.63	118.48	-	155.50	48021106 & Mar-2026	7000000
	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 : 30-Mar-26

Authorized Signatory : Nikhil Chugh  
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	<b>Scheduled formulations</b>									
	<b>Own Manufactured Formulations</b>									
	<b>Purchased Formulations</b>									
	<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>									
1	Glycomet 250 Tablets(10.00 Tablet) (Metformin TABLET)	Metformin 250 MG TABLET	10.00 TABLET	5.00	13.23	14.70	-	19.30	48021174 & Mar-2026	1000000
	<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 : 30-Mar-26

**Authorized Signatory :** Nikhil Chugh  
**Name :** Nikhil Chugh  
**Designation :** Senior Deputy General Manager  
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