

**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)
	Scheduled formulations									
	Own Manufactured Formulations									
1	Amlopin 5 Mg Tablet 10(10.00 Tablet) (Amlodipine TABLET)	Amlodipine 5 MG TABLET	10.00 TABLET	12.00	18.29	20.32	-	28.45	48020225 & Apr-2025	45000000
	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									
	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 : 14-May-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 : 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

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(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	Anovate 0.1/2.5/0.025 % Ointment 20 Gm(20.00 Gm) (Phenylephrine + Lidocaine + Betamethasone null)	Phenylephrine + Lidocaine + Betamethasone 0.1/2.5/0.025 %	20.00 GM	12.00	99.64	110.71	-	155.00	15002673 & May-2025	1000000
	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 : 26-May-2025

**Authorized Signatory :** Nikhil Chugh  
**Name :** Nikhil Chugh  
**Designation :** Dy General Manager  
**Mobile :** 7400047289  
**Email Id :** nikhil.chugh@usv.in

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

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

Softech Pharma Private Limited, Add :Plot No 708 & 6 Behind Somnath Temple Somnath Road Dabhel Nani Daman 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**

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									
1	D Rise 60k 60000 Iu Softgel Capsule 4(4.00 Capsule) (Vitamin D3 (Cholecalciferol) SOFTGEL CAPSULE)	Vitamin D3 (Cholecalciferol) 60000 IU SOFTGEL CAPSULE	4.00 CAPSULE	12.00	90.20	100.22	-	140.31	SDR0625 & Apr-2025	26000000
	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									
	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 : 26-May-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 :

VARDHAMAN REMEDIES PVT LTD, Add :103, ORCHID PLAZA, NATAKWALA LANE, OFF.S.V.ROAD,BORIVALI WEST,Mumbai Suburban,Maharashtra,400092

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)
	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	Derobin 1.15/1.15/5.3 % Ointment 30 Gm(30.00 Gm) (Salicylic Acid + Dithranol + Coal Tar OINTMENT)	Salicylic Acid + Dithranol + Coal Tar 1.15/1.15/5.3 % OINTMENT	30.00 GM	12.00	89.68	99.64	-	139.50	D5163 & Apr-2025	300000
	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 : 13-May-2025

**Authorized Signatory :** Nikhil Chugh  
**Name :** Nikhil Chugh  
**Designation :** Dy General Manager  
**Mobile :** 7400047289  
**Email Id :** nikhil.chugh@usv.in

**SCHEDULE - II**  
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(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)
	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	Ecosprin Av 20/75 Mg Capsule 10(15.00 Capsule) (Atorvastatin + Aspirin CAPSULE)	Atorvastatin + Aspirin 20/75 MG CAPSULE	15.00 CAPSULE	12.00	52.85	57.45	-	76.60	28026543 & Apr-2025	1000000
	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 : 07-May-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 :

STERLING LAB, Add :104/105,MIDFORD HOUSE,MIDFORD GARDENS,M.G. ROAD,BENGALURU,Bengaluru Urban,Karnataka,560001

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)
	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	Ecosprin Gold 75/20/75 Mg Tablet 15(15.00 Capsule) (Aspirin + Atorvastatin + Clopidogrel CAPSULE)	Aspirin + Atorvastatin + Clopidogrel 75/20/75 MG CAPSULE	15.00 CAPSULE	12.00	134.27	145.95	-	194.60	EGTC25021 & Apr-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 : 26-May-2025

**Authorized Signatory :** Nikhil Chugh  
**Name :** Nikhil Chugh  
**Designation :** Dy General Manager  
**Mobile :** 7400047289  
**Email Id :** nikhil.chugh@usv.in

**SCHEDULE - II**  
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(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

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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									
1	Glycomet Gp 1 Forte Tablets(10.00 Tablet) (Glimepiride + Metformin TABLET)	Glimepiride + Metformin 1/1000 MG TABLET(Each uncoated tablet contains : Glimepiride 1 mg + Metformin 1000 mg Sustained Release)	10.00 TABLET	12.00	65.64	72.93	-	102.10	60002069 & May-2025	100000
	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 : 26-May-2025

**Authorized Signatory :** Nikhil Chugh  
**Name :** Nikhil Chugh  
**Designation :** Dy General Manager  
**Mobile :** 7400047289  
**Email Id :** nikhil.chugh@usv.in

**SCHEDULE - II**  
**FORM - V**  
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(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)
	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	Glycomet Gp 1/500 Mg Tablet 15(15.00 Tablet) (Glimepiride + Metformin TABLET SR)	Glimepiride + Metformin 1/500 MG TABLET SR	15.00 TABLET	12.00	84.54	93.93	-	131.50	60002052 & May-2025	45000000
	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 : 27-May-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 : 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)
	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	Jalra Od 100 Mg Tablet(15.00 Tablet) (Vildagliptin TABLET)	Vildagliptin 100MG TABLET	15.00 TABLET	12.00	149.31	165.90	-	232.25	48020136 & Apr-2025	20000000
	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 : 14-May-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 : THE MADRAS PHARMACEUTICALS, Add :15, GOPALAKRISHNA ROAD, T.NAGAR,CHENNAI,Chennai,Tamil Nadu,600017
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)
	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	Metzok 25 Mg Tablet Er 10(10.00 Tablet) (Metoprolol TABLET ER)	Metoprolol 25 MG TABLET ER	10.00 TABLET	12.00	30.76	34.18	-	47.86	M250536 & Apr-2025	18000000
	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 : 26-May-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 : THE MADRAS PHARMACEUTICALS, Add :15, GOPALAKRISHNA ROAD, T.NAGAR,CHENNAI,Chennai,Tamil Nadu,600017
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)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Metzok 50 Mg Tablet 10(10.00 Tablet) (Metoprolol TABLET)	Metoprolol 50 MG TABLET	10.00 TABLET	12.00	42.77	47.52	-	66.53	M250539 & Apr-2025	15000000
	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									
	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 : 26-May-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 : THE MADRAS PHARMACEUTICALS, Add :15, GOPALAKRISHNA ROAD, T.NAGAR,CHENNAI,Chennai,Tamil Nadu,600017
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)
	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	Metzok 100 Mg Tablet 10(10.00 Tablet) (Metoprolol TABLET)	Metoprolol 100 MG TABLET	10.00 TABLET	12.00	108.70	120.78	-	169.10	M250541 & Apr-2025	1000000
	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 : 26-May-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 : 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)
	Scheduled formulations									
	Own Manufactured Formulations									
1	Tazloc 20 Mg Tablet 10(10.00 Tablet) (Telmisartan TABLET)	Telmisartan 20 MG TABLET	10.00 TABLET	12.00	25.34	28.16	-	39.42	48020179 & Apr-2025	50000000
	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									
	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 : 12-May-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 : 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)
	Scheduled formulations									
	Own Manufactured Formulations									
1	Tazloc 80 Mg Tablet 10(10.00 Tablet) (Telmisartan TABLET)	Telmisartan 80 MG TABLET	10.00 TABLET	12.00	67.99	75.54	-	105.75	48020180 & May-2025	12000000
	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									
	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 : 26-May-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 : 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)
	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	Tazloc H 40/12.5 Mg Tablet 10(10.00 Tablet) (Telmisartan + Hydrochlorothiazide TABLET)	Telmisartan + Hydrochlorothiazide 40/12.5 MG TABLET	10.00 TABLET	12.00	115.65	128.50	-	179.90	48020103 & Mar-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 : 11-Apr-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 : 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)
	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	Triglynase 1/500/15 Mg Tablet 10(10.00 Tablet) (Glimepiride + Metformin + Pioglitazone TABLET)	Glimepiride + Metformin + Pioglitazone 1/500/15 MG TABLET	10.00 TABLET	12.00	44.04	48.93	-	68.50	28026570 & Apr-2025	1000000
	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 : 08-May-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 :

MSN LABORATORIES PRIVATE LIMITED, Add :MSN HOUSE, C-24, INDUSTRIAL ESTATE, SANATHNAGAR, 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										
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	Udapa 5 Mg Tablet 10(10.00 Tablet) (Dapagliflozin TABLET)	Dapagliflozin 5 MG TABLET	10.00 TABLET	12.00	85.44	94.93	-	132.90	6RF04031A & Apr-2025	10000000
	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 : 12-May-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 : 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										
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	Ecosprin Av 20/150 Mg Capsule 10(10.00 Capsule) (Atorvastatin + Aspirin CAPSULE)	Atorvastatin + Aspirin 20/150 MG CAPSULE	10.00 CAPSULE	12.00	36.05	39.19	-	52.25	APE25016 & Apr-2025	80000000
	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 : 14-May-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 : Windlas Biotech Limited, Add :40/1, Mohabewala Industrial Area,Dehradun,Dehradun,Uttarakhand,248110
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)
	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	Glycomet Trio 0.5 Mg 10s(10.00 Tablet) (Voglibose + Metformin + Glimepiride TABLET SR)	Voglibose + Metformin + Glimepiride 0.2/500/0.5 MG TABLET SR	10.00 TABLET	12.00	65.66	72.96	-	102.14	GHA25001 & Apr-2025	1000000
	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 : 26-May-2025

**Authorized Signatory :** Nikhil Chugh  
**Name :** Nikhil Chugh  
**Designation :** Dy General Manager  
**Mobile :** 7400047289  
**Email Id :** nikhil.chugh@usv.in