Form Ref No.: Ref/IPDMS/Form/5/310 Date: 14-May-2025

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	4					
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) (Rs.)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	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	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					ĺ	ĺ			
	Imported Formulations									
				TABLE-E	3			•		
	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.)	(excluding taxes)	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		<u> </u>							
	Purchased Formulations									
	Imported Formulations									

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

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

Place : Mumbai

Date : 14-May-2025

Authorized Signatory: Nikhil Chugh
Name: Nikhil Chugh
Decignation: Dy General

Designation: Dy General Manager

Mobile: 7400047289

Form Ref No.: Ref/IPDMS/Form/5/318 Date: 26-May-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 :

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	4					
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)	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-E	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)	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									

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

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

Place: Mumbai

Date: 26-May-2025

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

Form Ref No.: Ref/IPDMS/Form/5/315 Date: 26-May-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 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	4					
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	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]	
1	D Rise 60k 60000 lu 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-E	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									
	Imported Formulations									

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

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

Place : Mumbai 26-May-2025 Date:

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

Form Ref No.: Ref/IPDMS/Form/5/309 Date: 13-May-2025

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					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	taxes)		Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	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					
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)	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

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

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

	ame and address of the marketing company	,,	,						TOWBAI, Mumbai, Manarasini	
				TABLE-	Α					
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.)	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	ĺ	ĺ					ĺ	
	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.)		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									

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

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

Place: Mumbai

Date: 07-May-2025

Authorized Signatory: Nikhil Chugh

Name: Nikhil Chugh

Designation: Dy General Manager

Mobile: 7400047289

Form Ref No.: Ref/IPDMS/Form/5/316 Date: 26-May-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 :

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						
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 (excluding taxes) (Rs.)	Price, if	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-E	3					
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 (excluding taxes) (Rs.)	any (incl	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		Aspirin + Atorvastatin + Clopidogrel 75/20/75 MG CAPSULE	15.00 CAPSULE	12.00	134.27	145.95	-	194.60	EGTC25021 & Apr-2025	100000

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 Nikhil Chugh Name : Dy General Manager Designation : Mobile: 7400047289

nikhil.chugh@usv.in Email Id :

Form Ref No.: Ref/IPDMS/Form/5/322 Date: 26-May-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 :

 ${\tt USV\;LIMITED,\;Add\;:} ARVIND\;VITHAL\;GANDHI\;MARG,\;BSD\;MARG,\;GOVANDI,\\ MUMBAI,\\ Mumbai,\\ Maharashtra,\\ 400088$

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-	4					
	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.)	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					
	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	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	1			1					

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

Form Ref No.: Ref/IPDMS/Form/5/323 Date: 27-May-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 :

 ${\tt USV\;LIMITED,\;Add\;:} ARVIND\;VITHAL\;GANDHI\;MARG,\;BSD\;MARG,\;GOVANDI,\\ MUMBAI,\\ Mumbai,\\ Maharashtra,\\ 400088$

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	.					
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)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
	Imported Formulations									
				TABLE-E	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									
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

Form Ref No.: Ref/IPDMS/Form/5/311 Date: 14-May-2025

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

Name and address of the manufacturer / importer / distributor :

 ${\tt USV\;LIMITED,\;Add\;:} ARVIND\;VITHAL\;GANDHI\;MARG,\;BSD\;MARG,\;GOVANDI,\\ MUMBAI,\\ Mumbai,\\ Maharashtra,\\ 400088$

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-	.					
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	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	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		ĺ		ĺ	ĺ	ĺ			
	Purchased Formulations	ĺ	ĺ		ĺ	ĺ	ĺ			
	Imported Formulations	ĺ			ĺ	ĺ	ĺ			
				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 %)		(excluding taxes)	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									

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

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

Place: Mumbai

Date: 14-May-2025

Authorized Signatory : Nikhil Chugh
Name : Nikhil Chugh
Docimation : Dy General

Designation:

Dy General Manager

Mobile: 7400047289

Form Ref No.: Ref/IPDMS/Form/5/321 Date: 26-May-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 :

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	4					
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)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations]		<u> </u>						
	Imported Formulations]						
				TABLE-E	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.)	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									

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

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

Place : Mumbai 26-May-2025 Date:

> Authorized Signatory : Nikhil Chugh Name: Nikhil Chugh

Dy General Designation: Manager Mobile : 7400047289

Form Ref No.: Ref/IPDMS/Form/5/317 Date: 26-May-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 :

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

		<u> </u>		TABLE-A	١					
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 (excluding taxes)	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		1							
	Own Manufactured Formulations					ĺ				
	Purchased Formulations					ĺ				
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-E	3					
	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 (excluding taxes)	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									

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

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

Place : Mumbai 26-May-2025 Date:

> Authorized Signatory : Nikhil Chugh Name: Nikhil Chugh

Dy General Manager Designation: Mobile : 7400047289

Form Ref No.: Ref/IPDMS/Form/5/320 Date: 26-May-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 :

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	1					
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)	retailer (excluding taxes)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	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		ĺ		ĺ	ĺ	ĺ			
	Purchased Formulations	ĺ	ĺ		ĺ	ĺ	ĺ		ĺ	
	Imported Formulations	ĺ			ĺ	ĺ	ĺ			
				TABLE-E	3	,	,	•		
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 (excluding taxes)	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

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

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

Place : Mumbai 26-May-2025 Date:

> Authorized Signatory : Nikhil Chugh Name: Nikhil Chugh

Dy General Manager Designation: Mobile : 7400047289

Form Ref No.: Ref/IPDMS/Form/5/307 Date: 12-May-2025

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

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

 ${\tt USV\;LIMITED,\;Add\;:} ARVIND\;VITHAL\;GANDHI\;MARG,\;BSD\;MARG,\;GOVANDI,\\ MUMBAI,\\ Mumbai,\\ Maharashtra,\\ 400088$

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									
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 (excluding taxes) (Rs.)	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				ĺ	ĺ				
	Own Manufactured Formulations				ĺ	ĺ				
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			ĺ		ĺ				
	Imported Formulations									
			•	TABLE-E	3	,	,			
	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	taxes)	(excluding taxes)	any (incl.	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									

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

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

Place: Mumbai

Date: 12-May-2025

Authorized Signatory :Nikhil ChughName :Nikhil Chugh

Designation: Dy General Manager

Mobile: 7400047289

Form Ref No.: Ref/IPDMS/Form/5/319 Date: 26-May-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 :

 ${\tt USV\;LIMITED,\;Add\;:} ARVIND\;VITHAL\;GANDHI\;MARG,\;BSD\;MARG,\;GOVANDI,\\ MUMBAI,\\ Mumbai,\\ Maharashtra,\\ 400088$

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	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)	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-E	3			•		
	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)	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									

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

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

Place: Mumbai

Date: 26-May-2025

Authorized Signatory : Nikhil Chugh
Name : Nikhil Chugh
Dy General

Designation: Dy General Manager

Mobile: 7400047289

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	١					
	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-E	3					
	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	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 + Hydroclorthiazide TABLET)	Telmisartan + Hydroclorthiazide 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

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					
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.)	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								ļ	
	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.)		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									

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

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

Form Ref No.: Ref/IPDMS/Form/5/308 Date: 12-May-2025

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

	The manufacture of the marketing company, it any .									
				TABLE-	Α					
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.)	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					ĺ	ĺ			
	Purchased Formulations	1				ĺ	ĺ		ĺ	
	Imported Formulations	1			ĺ	ĺ	ĺ			
		·		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.)	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									

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

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

Place : Mumbai

Date : 12-May-2025

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

Designation : By General Manager

Mobile : 7400047289

Form Ref No.: Ref/IPDMS/Form/5/312 Date: 14-May-2025

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	4					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Distributor	retailer (excluding taxes)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	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		ĺ				ĺ			
	Purchased Formulations		ĺ			ĺ	ĺ			
	Imported Formulations				ĺ	ĺ	ĺ			
				TABLE-	3					
			1	1	1	1	D	1	1	
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
		approved by Drug	Pack Size		Distributor (excluding taxes)	retailer (excluding taxes)	Maximum 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		(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Maximum 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		(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Maximum 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		(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Maximum 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 Own Manufactured Formulations	approved by Drug Control Authorities		(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	Maximum 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

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

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

Place : Mumbai Date: 14-May-2025

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

Manager Mobile : 7400047289

Form Ref No.: Ref/IPDMS/Form/5/314 Date: 26-May-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 :

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	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.)		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-E	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	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									

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

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

Place: Mumbai

Date: 26-May-2025

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

Mobile: 7400047289
Email Id: nikhil.chugh@usv.in