Form Ref No.: Ref/IPDMS/Form/5/326 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 :

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

	anie and address of the marketing company	,,							IOWBAI,Wambai,Wanarasmi	
				TABLE-	A					
	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Distributor (excluding taxes)		Maximum Retail	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	ĺ			ĺ	ĺ				
	Imported Formulations	ĺ			ĺ	ĺ				
			•	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.)		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 40/75 Mg Capsule 10(10.00 Capsule) (Atorvastatin + Aspirin CAPSULE)	Atorvastatin + Aspirin 40/75 MG CAPSULE	10.00 CAPSULE	12.00	152.15	165.38	-	220.50	28026645 & May-2025	4000000
	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: 27-May-2025

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

Form Ref No.: Ref/IPDMS/Form/5/294 Date: 02-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	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) (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				
	Purchased Formulations					ĺ				
1	Glycomet 10mg(10.00 Tablet) (Metformin TABLET)	Metformin 500 MG TABLET	10.00 TABLET	12.00	13.35	14.83	-	20.76	26010697 & Apr-2025	1000000
	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: 02-May-2025

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

Form Ref No.: Ref/IPDMS/Form/5/325 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 :

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

No. dosage forms) approved by Drug Control Authorities Size (in %) (in K)					TABLE-A	4					
Scheduled formulations Own Manufactured Formulations Purchased Formulations Imported Formulations SI. Name of the Product(Formulation and its dosage forms) No. Variable (Inc.) In (2) In (2) In (3) In (4) In (5) In (5) In (6) In (7) In (8) In (10) In (SI. No.		approved by Drug			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	
Own Manufactured Formulations Purchased Formulations Imported Formulations Imported Formulations SI. Name of the Product(Formulation and its dosage forms) TABLE-B Composition as approved by Drug Control Authorities (in %) Pack Size GST rate (in %) Frice to Distributor (excluding (excluding (Rs.)) (in (Rs.)) (in (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Non-Scheduled formulations Own Manufactured Formulations Own Manufactured Formulations Dapagifflozin + Vildagliptin + Metformin 10/100/1000 Mg Tablets 10/(30/1000 Tablet) (Dapagifflozin + Vildagliptin 100 mg, Vildagliptin 100 mg, Vildagliptin 100 mg, SR) TABLET 12.00 120.86 134.29 - 188.00 EMV250955B & May-2025 100000 EMV250955B & May-2025 I00000 EMV250955B & May-202	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Purchased Formulations Imported Formulation and its dosage forms Imported Formulation Imported Formulation Imported Formulation Imported Formulations Imported Formulation Impo		Scheduled formulations									
Imported Formulations Imported Formulation and its dosage forms Imported Formulation and its dosage forms Imported Formulation and its dosage forms Imported Formulation approved by Drug Control Authorities Imported Formulation approved by Drug Control Authorities Imported Formulation Imported Formulation Imported Formulation Imported Formulations Imported Formulatio		Own Manufactured Formulations									
SI. Name of the Product(Formulation and its dosage forms) Angle A		Purchased Formulations									
SI. Name of the Product(Formulation and its dosage forms) 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 Dis		Imported Formulations									
SI. Name of the Product(Formulation and its approved by Drug Control Authorities Pack Size Pack Size Pack Size Pack Size Pack Size Price to Distributor (excluding taxes) (Rs.) Price to Distributor (TABLE-E	3					
Non-Scheduled formulations Own Manufactured Formulations Purchased Formulations Dapagliflozin + Vidagliptin + Metformin TABLET SR) Dapagliflozin + Vidagliptin + Metformin 10/100/1000 Mg Tablets TSR(Dapagliflozin 10 mg SR, Metformin 1000 mg SR) 12.00 TABLET TSR(Dapagliflozin 10 mg SR) 12.00 TABLET TSR(Dapagliflozin 10 mg SR) 12.00 TABLET TSR(Dapagliflozin 10 mg SR) Dapagliflozin + Metformin 1000 mg SR) Dapagliflozin + Metformin 1000 mg SR, Metformin 1000 mg SR) Dapagliflozin + Metformin 1000 mg SR) Dapagliflozin + Metformin 1000 mg SR, Metformin 1000 mg SR) Dapagliflozin + Metformin 1000 mg SR, Metformin 1000 mg SR, Metformin 1000 mg SR)	SI. No.		approved by Drug			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	
Own Manufactured Formulations Purchased Formulations Dapagliflozin + Vildagliptin + Metformin TABLET SR) Dapagliflozin + Vildagliptin + Metformin 1000 Mg Tablets SR, Metformin 1000 mg SR) Dapagliflozin - Vildagliptin + Metformin 1000 mg Tablets SR, Metformin 1000 mg SR, Metformin 1000 mg SR) Dapagliflozin - Vildagliptin + Metformin 1000 mg Tablets SR, Metformin 1000 mg SR, Metformin 1000 mg SR) Dapagliflozin - Vildagliptin - Metformin 1000 mg Tablets SR, Metformin 1000 mg SR, Metformin 1000 mg SR) Dapagliflozin - Vildagliptin - Metformin 1000 mg Tablets SR, Metformin 1000 mg SR, M	(1)	(0)						taxes) (ns.)			
Purchased Formulations Dapagliflozin + Vildagliptin + Metformin TABLET SR) Dapagliflozin + Vildagliptin + Metformin 10/100/1000 Mg Tablets 10/100/1000 Mg TABLET SR(Dapagliflozin 10 mg SR, Metformin 1000 mg SR) 1 2.00 120.86 134.29 - 188.00 EMV250955B & May-2025 100000 Mg TABLET SR(Dapagliflozin 10 mg SR, Metformin 1000 mg SR)		(2)	(3)	(4)	(5)	(6)	(7)		(9)	(10)	(11)
Dapagliflozin + Vildagliptin + Metformin TABLET SR) Dapagliflozin + Vildagliptin + Metformin 10/100/1000 Mg Tablets 10/s(10.00 Tablet) (Dapagliflozin + Vildagliptin - Metformin TABLET SR) Dapagliflozin + Wildagliptin + Metformin 10/100/1000 Mg Tablets TABLET SR(Dapagliflozin 10 mg, Vildagliptin 100 mg SR, Metformin 1000 mg SR) 12.00 120.86 134.29 - 188.00 EMV250955B & May-2025 100000 Mg Tablet SR(Dapagliflozin 10 mg, Vildagliptin 100 mg SR, Metformin 1000 mg SR)		1	(3)	(4)	(5)	(6)	(7)		(9)	(10)	(11)
Jalra Trio Forte 10/100/1000 Mg Tablets 1		Non-Scheduled formulations	(3)	(4)	(5)	(6)	(7)		(9)	(10)	(11)
Imported Formulations		Non-Scheduled formulations Own Manufactured Formulations	(3)	(4)	(5)	(6)	(7)		(9)	(10)	(11)
	1	Non-Scheduled formulations Own Manufactured Formulations Purchased Formulations Jaira Trio Forte 10/100/1000 Mg Tablets 10s(10.00 Tablet) (Dapagliflozin + Vildagliptin	Dapagliflozin + Vildagliptin + Metformin 10/100/1000 MG TABLET SR(Dapagliflozin 10 mg, Vildagliptin 100 mg SR, Metformin 1000	10.00 TABLET							

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

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

Place : Mumbai 27-May-2025 Date :

> Authorized Signatory : Nikhil Chugh

Nikhil Chugh Name:

Dy General Designation : Manager Mobile : 7400047289

Form Ref No.: Ref/IPDMS/Form/5/332 Date: 31-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 :

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

USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088 2. Name and address of the marketing company, if any :

				TABLE-A						
	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.)	any (incl	Retail Price	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						
	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.)	Retail Price	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	Liralin 5 Mg Tablets(10.00 Film Coated Tablet) (Linagliptin TABLET)	Linagliptin 5 MG TABLET	10.00 FILM COATED TABLET	12.00	80.36	89.29	-	125.00	EMV251207 & May-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 : 31-May-2025

> Authorized Signatory : Nikhil Chugh Name : Nikhil Chugh

Dy General Manager Designation: Mobile : 7400047289

Form Ref No.: Ref/IPDMS/Form/5/324 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 :

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 %)	taxes)	retailer (excluding taxes)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Retail Price (incl. of all taxes)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations			1						
	Own Manufactured Formulations									
1	Tazloc 40 Mg Tablet 10(10.00 Tablet) (Telmisartan TABLET)	Telmisartan 40 MG TABLET	10.00 TABLET	12.00	66.26	73.62	-	103.06	48020215 & Apr-2025	12000000
	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 %)	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		<u> </u>	<u> </u>						
	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: 27-May-2025

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

Form Ref No.: Ref/IPDMS/Form/5/329 Date: 30-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 %)	taxes)	(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.)	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		Telmisartan + Hydroclorthiazide 40/12.5 MG TABLET	10.00 TABLET	12.00	116.80	129.78	-	181.70	48020237 & May-2025	35000000
	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: 30-May-2025

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

Mobile : 7400047289

Form Ref No.: Ref/IPDMS/Form/5/331 Date: 31-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 :

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

		•		TABLE-A						\neg
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.)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price	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						
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)	(excluding taxes) (Rs.)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Tazloc Trio 40/5/12.5 Mg Tablet 10(10.00 Tablet) (Telmisartan + Amlodipine + Hydroclorthiazide TABLET)	Telmisartan + Amlodipine + Hydroclorthiazide 40/5/12.5 MG TABLET	10.00 TABLET	12.00	113.46	126.07	-	176.50	APQ25015 & May-2025	30000000

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-May-2025

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

Mobile : 7400047289

Form Ref No.: Ref/IPDMS/Form/5/327 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 :

SWISS GARNIERS GENEXIAA SCIENCES PRIVATE LIMITED, Add :SWISS GARNIERS GENEXIAA SCIENCES PRIVATE LIMITED,CHENNAI,Chennai,Tamil Nadu,600016

2. Name and address of the marketing company, if any : USV LIMITED, Add :ARVIND VITHAL GANDHI MARG, BSD MARG, GOVANDI, MUMBAI, Mumbai, Maharashtra, 400088

SI. Name of the Product(Formulation and its dosage forms) (2) (3) (4) (5) (6) (7) (8) (9) (10) Scheduled formulations Purchased Formulations Purchased Formulations Imported Formulations SI. Name of the Product(Formulation and its dosage forms) TABLE-B TABLE	Production Capacity
Si. Name of the Product(Formulation and its dosage forms) Pack No. Name of the Product(Formulation and its No. Name of the Product(Formulation and its No. Name of the Product(Formulations Purchased Formulations	Capacity
Scheduled formulations Own Manufactured Formulations Purchased Formulations Imported Formulations SI. Name of the Product(Formulation and its dosage forms) Composition as approved by Drug Control Authorities Pack Size Pack Size Pack Size Price to Distributor (excluding taxes) (Rs.) Price to Distributor (excluding taxes) (Rs.) Retail Price (in 3) Price (in 3) Batch no. and date from which price revision is effective effective	(11)
Own Manufactured Formulations Purchased Formulations Imported Formulatio	
Purchased Formulations Imported Formulations TABLE-B TABLE-B SI. Name of the Product(Formulation and its dosage forms) Composition as approved by Drug Control Authorities Pack Size Pack Size Price to Distributor (excluding taxes) (Rs.) Retail Price (incl. of all taxes) (Rs.) Retail Price (incl. of all taxes) (Rs.)	
Imported Formulations	
SI. Name of the Product(Formulation and its dosage forms) Composition as approved by Drug Control Authorities Pack Size Pack Size Pack Size Price to Distributor (excluding taxes) (Rs.)	
SI. Name of the Product(Formulation and its dosage forms) Composition as approved by Drug Control Authorities Pack Size Pack Size Pack Size Price to Distributor (excluding taxes) (Rs.) Price to Composition as approved by Drug (excluding taxes) (Rs.) Price to Distributor (excluding taxes) (Rs.) Price to Distributor (excluding taxes) (Rs.) Price to Composition as approved by Drug (ncl. of all taxes) (Rs.) Price to Distributor (excluding taxes) (Rs.)	
SI. Name of the Product(Formulation and its dosage forms) Composition as approved by Drug Control Authorities Pack Size Pack Size Pack Size Pack Size Pack Size Pack Size Price to GST rate (in %) Price to positivibutor (excluding taxes) (Rs.) Price to price to retailer (excluding taxes) (Rs.) Price to price to classification of all taxes (Rs.) Price to price to retailer (excluding taxes) (Rs.) Price to price to classification of all taxes (Rs.) Price to price to classification of all taxes (Rs.)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Production Capacity
[17] (2) [3) [4) [3) [6) [7] (6) [9) [10)	(11)
Non-Scheduled formulations	
Own Manufactured Formulations	
Purchased Formulations	
Triglynase Forte 2/1000/15 Mg Tablet 10(10.00 Tablet) (Glimepiride + Metformin + Pioglitazone TABLET) Triglynase Forte 2/1000/15 Mg Tablet Metformin + Metformin + Pioglitazone 2/1000/15 MG TABLET 10.00 TABLET 12.00 T3.60 81.78 - 114.50 121TTF061 & May-2025	7500000
Imported Formulations	<u></u>

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

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

Place : Mumbai 27-May-2025 Date:

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