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/5/309 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-	<b>A</b>					
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

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					
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				
	Own Manufactured Formulations					ĺ				
	Purchased Formulations					ĺ				
1	Ecosprin 75 Mg Tablet 14(14.00 Tablet) (Aspirin TABLET)	Aspirin 75 MG TABLET	14.00 TABLET	12.00	3.99	4.34	-	5.64	4011299 & Apr-2025	14000000
	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: 03-May-2025

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

Form Ref No.: Ref/IPDMS/Form/5/291 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 / 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					
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									
	Own Manufactured Formulations				ĺ	ĺ				
	Purchased Formulations					ĺ				
1	Ecosprin 150 Mg Tablet 14(14.00 Tablet) (Aspirin TABLET)	Aspirin 150 MG TABLET	14.00 TABLET	12.00	7.99	8.69	-	11.29	04011292 & 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 %)	taxes)	retailer (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: 02-May-2025

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

Mobile :

Email Id: nikhil.chugh@usv.in

7400047289

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

USV LIMITED, Add :NA

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

	ane and address of the marketing company	, . ,	== ,					,	TOWDAI, Maribai, Mariarasiiti	
				TABLE-	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.)		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						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 10/75 Mg Capsule 15(15.00 Capsule) (Atorvastatin + Aspirin CAPSULE)	Atorvastatin + Aspirin 10/75 MG CAPSULE	15.00 CAPSULE	12.00	45.05	48.97	-	65.30	28026564 & 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 03-May-2025 Date:

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

Designation : Mobile : 7400047289

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

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-	<b>1</b>					
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-	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	Glycomet Gp 0.5/500 Mg Tablet Sr 10(10.00 Tablet) (Glimepiride + Metformin TABLET SR)	Glimepiride + Metformin 0.5/500 MG TABLET SR	10.00 TABLET	12.00	40.18	44.64	-	62.50	60001862 & Feb-2025	15000000
	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: 15-Mar-2025

Authorized Signatory: Nikhil Chugh

Name: Nikhil Chugh

Designation: Dy General Manager

Mobile: 7400047289

Form Ref No.: Ref/IPDMS/Form/5/300 Date: 05-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 %)	Distributor (excluding 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				ĺ	ĺ	ĺ			
	Own Manufactured Formulations				ĺ	ĺ	ĺ			
1	Glycomet 500 Mg Tablet Sr 20(20.00 Tablet) (Metformin TABLET SR)	Metformin 500 MG TABLET SR	20.00 TABLET	12.00	28.78	31.98	-	44.77	60001985 & Apr-2025	50000000
	Purchased Formulations			ĺ		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)	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: 05-May-2025

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

Manager
Mobile: 7400047289

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 %)	Distributor (excluding 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									
	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.	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)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Glynase Mf 5/500(10.00 Tablet) (Glipizide + Metformin TABLET)	Glipizide + Metformin 5/500 MG TABLET	10.00 TABLET	12.00	14.27	15.86	-	22.20	4011323 & 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: 03-May-2025

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

Designation: By General Manager

Mobile: 7400047289

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-	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)	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		ĺ	ĺ	ĺ			
	Own Manufactured Formulations									
	Purchased Formulations									
	Imported Formulations			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)	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	Glynase 5 Mg Tablet 10(10.00 Tablet) (Glipizide TABLET)	Glipizide 5 MG TABLET	10.00 TABLET	12.00	6.88	7.64	-	10.70	56001854 & Apr-2025	80000000

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

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

Place: Mumbai

Date: 03-May-2025

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

Mobile: Manager 7400047289

Form Ref No.: Ref/IPDMS/Form/5/304 Date: 07-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 :

Biogenomics Limited, Add :First Floor, Kothari Compound, Opposite Tikuji-Ni-Wadi, Thane (West),Thane,Thane,Maharashtra,400610

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 %)	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	Insuquick Vial 10 MI 100u Per MI(10.00 MI Vial) (Regular Aspart INJECTION)	Regular Aspart NA INJECTION(Insulin Aspart (r-DNA origin) I.P 3.5 mg (100U) per ml)	10.00 ML VIAL	5.00	1879.01	2042.40		2553.00	IAP2504038 & 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: 07-May-2025

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

nikhil.chugh@usv.in Email Id:

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-	<b>.</b>					
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/5/295 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 / importer / distributor :

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

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

No. dosage forms)  approved by Drug Control Authorities  Size  (in %)  (in %)  (excluding taxes) any (incl. of all taxes) any (incl. of all taxes) (Rs.)  (in %)  (in %)  (in %)  (excluding taxes) any (incl. of all taxes) any (incl. of all taxes) (Rs.)  (in l. of all taxes) any (incl. of all taxes) any (incl. of all taxes) (Rs.)  (in %)  (in l. of all taxes) (in l. of all taxes) (Rs.)  (in l. of all taxes) (in l. of all taxes			•									
Si.   Name of the Product(Formulation and its obase forms)   Si.   Name of the Product(Formulations   Size   Siz					TABLE-	<u> </u>						
Scheduled formulations Own Manufactured Formulations Purchased Formulations Imported Formulations Imported Formulations  SI. Name of the Product(Formulation and its dosage forms)  SI. Variable Formulation and its Composition as approved by Drug Control Authorities  SI. Non-Scheduled formulations  (in %)  (in			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	Production Capacity	
Own Manufactured Formulations  Purchased Formulations  Imported Formulation All Each Street  Imported Formulations  Imported Formulations  Imported Formulations  Imported Formulation All Each Street  Imported Formulations  Imported Formulation All Each Street  Imported Formulati	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
Purchased Formulations   Imported Formulation and its approved by Drug Control Authorities   Imported Formulation and its approved by Drug Control Authorities   Imported Formulation and Its approved by Drug Control Authorities   Imported Formulation and Its approved by Drug Control Authorities   Imported Formulation and Its approved by Drug Control Authorities   Imported Formulation approved by Drug Control Authorities   Imported Formulation and Its approved by Drug Control Authorities   Imported Formulation approv		Scheduled formulations										
Imported Formulations   Imported Formulations   Imported Formulations   Imported Formulations   Imported Formulations   Imported Formulation and its		Own Manufactured Formulations										
SI. Name of the Product(Formulation and its dosage forms)    A		Purchased Formulations										
SI. Name of the Product(Formulation and its dosage forms)    Name of the Product(Formulation and its dosage forms)   Pack Size   Pack Size   Price to dosage forms)   Price to dosage forms   Price to		Imported Formulations										
SI. Name of the Product(Formulation and its dosage forms)  Name of the Product(Formulation and its dosage forms)  Pack Size  Price to distributor (excluding faxes) (Rs.)  Price to retailer (Rs		TABLE-B										
Non-Scheduled formulations			Composition as					Maximum	Iwaximum	l		
Own Manufactured Formulations	SI. No.		approved by Drug			(excluding taxes)	(excluding taxes)	Price, if any (incl. of all	(incl. of all taxes)	which price revision is	Production Capacity	
Purchased Formulations  Dapagliffozin + Vildagliptin + Metformin 10/100/500 MG TABLET SR  Dapagliffozin + Vildagliptin + Metformin 10/100/500 MG TABLET SR  Dapagliffozin + Vildagliptin + Metformin 10/100/500 MG TABLET SR  Dapagliffozin + Vildagliptin + Metformin 10/100/500 MG TABLET SR  Dapagliffozin + Vildagliptin + Metformin 10/100/500 MG TABLET SR  Dapagliffozin + Vildagliptin + Metformin 10/100/500 MG TABLET SR  Dapagliffozin + Vildagliptin + Metformin 10/100/500 MG TABLET SR  Dapagliffozin + Vildagliptin + Metformin 10/100/500 MG TABLET SR  Dapagliffozin + Vildagliptin + Metformin 10/100/500 MG TABLET SR  Dapagliffozin + Vildagliptin + Metformin 10/100/500 MG TABLET SR  Dapagliffozin + Vildagliptin + Metformin 10/100/500 MG TABLET SR  Dapagliffozin + Vildagliptin + Metformin 10/100/500 MG TABLET SR	No.	dosage forms)	approved by Drug Control Authorities	Size	(in %)	(excluding taxes) (Rs.)	(excluding taxes) (Rs.)	Price, if any (incl. of all taxes) (Rs.)	(incl. of all taxes) (Rs.)	which price revision is effective	Capacity	
Jalra Trio 500 Mg Tablets(10.00 Tablet) (Dapagliflozin + Vildagliptin + Metformin TABLET SR) Dapagliflozin + Vildagliptin + Metformin 10/100/500 MG TABLET SR 10.00 TABLET SR 115.07 TABLET 12.00 115.07 127.86 - 179.00 EMV250875 & Apr-2025 100000	No.	dosage forms) (2)	approved by Drug Control Authorities	Size	(in %)	(excluding taxes) (Rs.)	(excluding taxes) (Rs.)	Price, if any (incl. of all taxes) (Rs.)	(incl. of all taxes) (Rs.)	which price revision is effective	Capacity	
Agrication Study in Tablets (10.00 Tablet)   Opagaliflozin + Vildagliptin + Metformin 10/100/500 MG TABLET SR	No.	dosage forms) (2) Non-Scheduled formulations	approved by Drug Control Authorities	Size	(in %)	(excluding taxes) (Rs.)	(excluding taxes) (Rs.)	Price, if any (incl. of all taxes) (Rs.)	(incl. of all taxes) (Rs.)	which price revision is effective	Capacity	
Imported Formulations	No.	dosage forms)  (2)  Non-Scheduled formulations  Own Manufactured Formulations	approved by Drug Control Authorities	Size	(in %)	(excluding taxes) (Rs.)	(excluding taxes) (Rs.)	Price, if any (incl. of all taxes) (Rs.)	(incl. of all taxes) (Rs.)	which price revision is effective	Capacity	
	(1)	(2) Non-Scheduled formulations Own Manufactured Formulations Purchased Formulations  Jaira Trio 500 Mg Tablets (10.00 Tablet) (Dapagliflozin + Vildagliptin + Metformin	approved by Drug Control Authorities  (3)  Dapagliflozin + Vildagliptin + Metformin 10/100/500	(4)	(in %)	(excluding taxes) (Rs.)	(excluding taxes) (Rs.)	Price, if any (incl. of all taxes) (Rs.)	(incl. of all taxes) (Rs.)	which price revision is effective (10)	(11)	

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

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

Place : Mumbai 02-May-2025 Date:

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

Mobile : 7400047289

Form Ref No.: Ref/IPDMS/Form/5/301 Date: 05-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 :

Hetero Labs Limited, Add :Hetero Corporate, 7-2-A2, Industrial Estate, Sanath Nagar,,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

No. dosage forms)  approved by Drug Control Authorities  Size  (in %)  (in l. of all taxes) (in l. o			•								1
Si.   Name of the Product(Formulation and its approved by Drug Control Authorities   Pack Size   Price to Information   Price to Inform					TABLE-	<b>4</b>					
Scheduled formulations Own Manufactured Formulations Purchased Formulations Imported Formulations Imported Formulations  SI. Name of the Product(Formulation and its dosage forms)  (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			approved by Drug			Distributor (excluding taxes)	retailer (excluding taxes)	Maximum Retail Price, if any (incl. of all	Maximum Retail Price (incl. of all taxes)	Batch no. and date from which price revision is	Production Capacity
Own Manufactured Formulations  Purchased Formulations  Imported Formulation and its days of the Product(Formulation and its days of the Production Interview of t	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Purchased Formulations   Imported Formulations   Imp		Scheduled formulations									
Imported Formulations   Impo		Own Manufactured Formulations									
SI. Name of the Product(Formulation and its dosage forms)  Composition as approved by Drug Control Authorities  Pack Size  (in %)  (in		Purchased Formulations									
SI. Name of the Product(Formulation and its dosage forms)    Name of the Product(Formulation and its dosage forms)   Pack Size   Pack Size   Price to platform taxes) (in %)   Price to platform taxes) (in %)   Price to platform taxes) (in %)   Price to price to retailer (excluding taxes) (in %)   Price to platform to price to retailer (excluding taxes) (in %)   Price to platform to price to price if any (incl. of all taxes) (in %)   Price to platform to price to price if any (incl. of all taxes) (in %)   Production (in %)   Price to platform to price to price if any (incl. of all taxes) (in %)   Price to platform to price to price to price if any (incl. of all taxes) (in %)   Price to platform to price to price if any (incl. of all taxes) (in %)   Price to platform to price to price if any (incl. of all taxes) (in %)   Price to platform to price to price if any (incl. of all taxes) (in %)   Price to platform to price to price if any (incl. of all taxes) (in %)   Price to platform to price if any (incl. of all taxes) (in %)   Price to platform to price if any (incl. of all taxes) (in %)   Price to platform to price if any (incl. of all taxes) (in %)   Price to platform to price if any (incl. of all taxes) (in %)   Price to platform to price if any (incl. of all taxes) (in %)   Price to platform to price if any (incl. of all taxes) (in %)   Price to platform to price if any (incl. of all taxes) (in %)   Price to platform to price if any (incl. of all taxes) (in %)   Price to platform to price if any (incl. of all taxes) (in %)   Price to platform to price if any (incl. of all taxes) (in %)   Price to platform to price if any (incl. of all taxes) (in %)   Price to platform to price it price if any (incl. of all taxes) (in %)   Price to platform to price it price if any (incl. of all taxes) (in %)   Price to platform to price it p		Imported Formulations									
SI. Name of the Product(Formulation and its No. land dosage forms)  No. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (10) (11) (11) (12) (13) (14) (15) (15) (15) (15) (15) (15) (15) (15					TABLE-	3					
Non-Scheduled formulations					1			Pre-revised	Maximum		
Own Manufactured Formulations			approved by Drug			Distributor (excluding taxes)	retailer (excluding taxes)	Retail Price, if any (incl. of all	Retail Price (incl. of all taxes)	Batch no. and date from which price revision is	Production Capacity
Purchased Formulations	No.	dosage forms)	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	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
1 Lipicard Av 10/160 Mg Tablet 10(10.00 Atorvastatin + Fenofibrates 10/160 Mg Tablet) (Atorvastatin + Fenofibrates TABLET) Honor Tablet (Atorvastatin + Fenofibrates TABLET) Honor Tablet (Atorvastatin + Fenofibrates TABLET) Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000 Honor Tablet (12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 256.60 LV250401	No.	dosage forms) (2)	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	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
1 Lipicard AV 10/160 Mg Tablet 10(10.00 Tablet) (Atorvastatin + Fenofibrates TABLET) Fenofibrates 10/160 MG TABLET 12.00 164.96 183.29 - 256.60 LV250401 & Apr-2025 2500000	No.	dosage forms) (2) Non-Scheduled formulations	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	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
Imported Formulations	No.	(2) Non-Scheduled formulations Own Manufactured Formulations	approved by Drug Control Authorities	Size	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	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.	(2) Non-Scheduled formulations Own Manufactured Formulations Purchased Formulations Lipicard Av 10/160 Mg Tablet 10(10.00	approved by Drug Control Authorities  (3)  Atorvastatin + Fenofibrates 10/160	(4) 10.00	(in %)	Distributor (excluding taxes) (Rs.)	retailer (excluding taxes) (Rs.)	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 (10)	(11)

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: 05-May-2025

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

nikhil.chugh@usv.in Email Id:

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	<b>1</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)	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

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

USV LIMITED, Add :NA

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-B										
	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.)	1	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 Am 40/5 Mg Tablet 10(10.00 Tablet) (Telmisartan + Amlodipine TABLET)	Telmisartan + Amlodipine 40/5 MG TABLET	10.00 TABLET	12.00	103.10	114.55	-	160.37	28026557 & Apr-2025	100000	
	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: 05-May-2025

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

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-	<b>A</b>					
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

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	<b>A</b>						
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-B										
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	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 2/500/15 Mg Tablet 10(10.00 Tablet) (Glimepiride + Metformin + Pioglitazone TABLET)	Glimepiride + Metformin + Pioglitazone 2/500/15 MG TABLET	10.00 TABLET	12.00	64.13	71.25	-	99.75	28026540 & Apr-2025	100000	
	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: 05-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

	. Name and address 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-B										
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

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-	<b>.</b>					
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)	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	1			ĺ					
	Purchased Formulations	1			ĺ					
	Imported Formulations	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 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									
	` '									
1	Non-Scheduled formulations	Dapagliflozin 10 MG TABLET	10.00 TABLET	12.00	97.07	107.86	-	151.00	48020163 & Apr-2025	1000000
1	Non-Scheduled formulations Own Manufactured Formulations Udapa 10 Mg Alu Alu Pack(10.00 Tablet)	Dapagliflozin 10 MG	10.00	12.00		107.86	-	151.00	48020163 & 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

Date: 02-May-2025

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

Manager Mobile: 7400047289