Form Ref No.: Ref/IPDMS/Form/5/86 Date: 04-Oct-2024

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

1. Name and address of the manufacturer / importer / distributor : NEON LABORATORIES LIMITED, Add :DAMJI SHAMJI IND. COMPLEXM. CAVES ROAD ANDHERI EAST,MUMBAI,Mumbai Suburban,Maharashtra,400093

2. Name and address of the marketing company, if any : NEON LABORATORIES LIMITED, Add :DAMJI SHAMJI IND. COMPLEXM. CAVES ROAD ANDHERI EAST,MUMBAI,Mumbai Suburban,Maharashtra,400093

TABLE-A

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	Price to retailer (excluding taxes) (Rs.)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
	Imported Formulations									

TABLE-B

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	Price to retailer (excluding taxes) (Rs.)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
1	Efipres 30 Mg Injection 1 Ml(1.00 Ml Ampoule) (Ephedrine INJECTION)	Ephedrine 30 MG INJECTION	1.00 ML AMPOULE	12.00	28.67	32.86	40.70	44.60	1231077 & Jul-2024	204545
2	Ropin 0.2 % Injection 20 Ml(20.00 Ml Ampoule) (Ropivacaine INJECTION)	Ropivacaine 0.2 % INJECTION(Ropivacaine 40 mg/20ml. ampoule)	20.00 ML AMPOULE	12.00	118.29	131.43	167.50	184.00	1435094 & Jun-2024	24000
3	Neticol 1000 Mg Injection 4 Ml(4.00 Ml Ampoule) (Citicoline INJECTION)	Citicoline 1000 MG INJECTION	4.00 ML AMPOULE	12.00	87.94	97.71	124.40	136.80	1325038 & Jun-2024	23800
4	Flamheal Forte 96/200/180 Mg Tablet 10(10.00 Tablet) (Trypsin + Rutoside + Bromelain TABLET)	Trypsin + Rutoside + Bromelain 96/200/180 MG TABLET	10.00 TABLET	12.00	295.71	328.57	419.00	460.00	ppuaa32 & Aug-2024	100000
	Purchased Formulations									
1	Prilox 25/25 Mg Cream 30 Gm(30.00 Gm) (Prilocaine + Lidocaine CREAM)	Prilocaine + Lidocaine 2.5/2.5 % CREAM(Lidocaine 25 mg + Prilocaine 25 mg)	30.00 GM	12.00	588.21	653.57	832.00	915.00	p125 & Jul-2024	6000
2	Povid 5% Ointment 250 Gm(250.00 Gm) (Povidone Iodine OINTMENT)	Povidone Iodine 5 % OINTMENT	250.00 GM	12.00	248.79	276.43	352.00	387.00	n1340065 & Aug-2024	5000
3	Povid 5% Ointment 125 Gm(125.00 Gm) (Povidone Iodine OINTMENT)	Povidone Iodine 5 % OINTMENT	125.00 GM	12.00	196.39	218.21	278.00	305.50	n1340062 & Aug-2024	5000
4	Aceclomol Sp 100/325/10 Mg Tablet 10(10.00 Tablet) (Aceclofenac + Paracetamol + Serratiopeptidase TABLET)	Aceclofenac + Paracetamol + Serratiopeptidase 100/325/10 MG TABLET(Aceclofenac 100 mg + Paracetamol + 325 mg + Serratiopeptidase 10mg)	10.00 TABLET	12.00	68.79	76.42	97.50	107.00	T240729 & Jul-2024	306700
5	Neo Fsh 150 Iu Injection 1(1.00 Vial) (Urofollitropin INJECTION)	Urofollitropin 150 IU INJECTION	1.00 VIAL	12.00	1539.00	1710.00	2177.00	2394.00	v411003 & Jul-2024	19500
6	Aceclomol-P Tablets 10(10.00 Tablet) (Aceclofenac + Paracetamol TABLET)	Aceclofenac + Paracetamol 100/325 MG TABLET(Aceclofenac 100 mg + Paracetamol 325 mg)	10.00 TABLET	12.00	41.46	46.07	59.00	64.50	t2400738 & Jul-2024	147400
7	Flamheal D Tabs 10(10.00 Tablet) (Trypsin + Rutoside + Bromelain + Diclofenac TABLET)	Trypsin + Rutoside + Bromelain + Diclofenac 48/100/90/50 MG TABLET(Trypsin 48 mg + Bromelain 90 mg + Rutoside 100 mg + Diclofenac Pottasium 50 mg)	10.00 TABLET	12.00	156.86	174.29	0.00	244.00	24S2GTB943 & Jul-2024	370000
	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 : 04-Oct-2024

Authorized Signatory : RITESH POTDAR
Name : RITESH POTDAR
Designation : CEO
Mobile : 9819225335
Email Id : ritesh@neongroup.com

Form Ref No.: Ref/IPDMS/Form/5/87 Date: 18-Oct-2024

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

1. Name and address of the manufacturer / importer / distributor : NEON LABORATORIES LIMITED, Add :DAMJI SHAMJI IND. COMPLEXM. CAVES ROAD ANDHERI EAST,MUMBAI,Mumbai Suburban,Maharashtra,400093

2. Name and address of the marketing company, if any : NEON LABORATORIES LIMITED, Add :DAMJI SHAMJI IND. COMPLEXM. CAVES ROAD ANDHERI EAST,MUMBAI,Mumbai Suburban,Maharashtra,400093

TABLE-A

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	Price to retailer (excluding taxes) (Rs.)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
	Imported Formulations									

TABLE-B

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	Price to retailer (excluding taxes) (Rs.)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
1	Vpress 20 Iu Injection 1 Ml(1.00 Ml Ampoule) (Vasopressin INJECTION)	Vasopressin 20 IU INJECTION	1.00 ML AMPOULE	5.00	308.16	342.40	408.60	449.40	1210005 & Jul-2024	180000
2	Injek 1 Mg Injection 0.5 Ml(0.50 Ml Ampoule) (Phytomenadione INJECTION)	Phytomenadione 1 MG INJECTION	0.50 ML AMPOULE	12.00	19.67	21.86	27.90	30.60	1255155 & Aug-2024	201550
3	Nacphin 10 Mg Injection 1 Ml(1.00 Ml Ampoule) (Nalbuphine INJECTION)	Nalbuphine 10 MG INJECTION(Nalbuphine Hydrochloride 10 mg)	1.00 ML AMPOULE	12.00	44.23	49.14	62.70	68.80	1238071 & Aug-2024	204545
4	Neomol Ivg 500 Mg Injection 50 Ml(50.00 Ml) (Paracetamol INFUSION)	Paracetamol 500 MG INFUSION	50.00 ML	12.00	106.71	118.57	151.00	166.00	1315063 & Sep-2024	9615
	Purchased Formulations									
1	Lubic Jelly 20 Gm(20.00 Gm) (Lubricants For Vaginal Use JELLY)	Lubricants For Vaginal Use 20 GM JELLY	20.00 GM	12.00	107.36	119.29	152.50	167.00	L115 & Aug-2024	50000
2	Caberlact 0.5 Mg Tablet 2(2.00 Tablet) (Cabergoline TABLET)	Cabergoline 0.5 MG TABLET	2.00 TABLET	12.00	131.14	145.71	185.50	204.00	24S2GTC259 & Aug-2024	100000
3	Expavon 6% Infusion 500 Ml(500.00 Ml) (All Other Preparations INFUSION)	All Other Preparations 6 % INFUSION(HYDROXYETHYL STARCH 6% W/V WITH 0.9% SODIUM CHLORIDE IV INFUSION)	500.00 ML	12.00	510.43	567.14	722.50	794.00	1907T124 & Sep-2024	7000
4	Levofuxin 500 Mg /100 Ml Infusion(100.00 Ml) (Levofloxacin INFUSION)	Levofloxacin 500 MG INFUSION	100.00 ML	12.00	131.79	146.43	186.50	205.00	D140445 & Sep-2024	52500
5	Neostrol-160 Tablets 10(10.00 Tablet) (Megestrol TABLET)	Megestrol 160 MG TABLET(Megestrol Acetate 160 mg)	10.00 TABLET	12.00	592.07	657.85	838.00	921.00	24S2HTA756 & Sep-2024	50000
6	Nodome Cv Tabs 10(10.00 Tablet) (All Other Preparations TABLET)	All Other Preparations NO STRENGTH TABLET(Cefodoxime Proxetil 200 mg + Potassium Clavulanate 125 mg.)	10.00 TABLET	12.00	230.14	255.71	326.00	358.00	TNNNM4001 & Sep-2024	146800
	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 : 18-Oct-2024

Authorized Signatory : null
Name : RITESH POTDAR
Designation : CEO
Mobile : 9819225335
Email Id : ritesh@neongroup.com