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

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

Emcure Pharmaceuticals Ltd., Add :IT-BT PARK, PHASE II, M.I.D.C. HINJAWADI, PUNE, Pune, Maharashtra, 411057

2. Name and address of the marketing company, if any :

Emcure Pharmaceuticals Ltd., Add :IT-BT PARK, PHASE II, M.I.D.C. HINJAWADI, PUNE, Pune, Maharashtra, 411057

TABLE-A										
	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	Price to retailer (excluding taxes) (Rs.)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Emlevo Xr 500 Tablet(10.00 No) (Levetiracetam TABLET)	Levetiracetam 500 MG TABLET(Each film coated prolonged release tablet contain Levetiracetam 500 mg.)	10.00 No	12.00	95.08	105.64	145.37	147.90	ADD01AJA & Jul-2025	1200
	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.)	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									
	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: Pune
Date: 08-Sep-25

Authorized Signatory: Chetan Gupta
Name: Chetan Gupta
Designation: Director
Mobile: 9871291785

Email Id: chetan.gupta@emcure.com