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

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

Gennova Biopharmaceuticals Ltd., Add: PLOT NO.P-1, I.T.B.T. PARK,PHASE II, MIDC,HINJAWADI,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

Name of the Product(Formulation and its dosage forms) Name of the Product(Formulation and its dosage forms) Pack dosage forms Pack dosage forms Pack dosage forms Price to dosage forms Price to dosage forms Price to dosage forms Price to Distributor (excluding taxes) (Rs.) Price to Distributor (excluding taxes) Price to Distributor (excludin	2. Haire and address of the marketing company; it any .											
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Epofer 4000 lu Vial(1.00 Vial) (Erythropoietin UNJECTION) Erythropoietin UNJECTION(Each Vial Contains:r-Human Erythropoietin Erythropoietin Erythropoietin Erythropoietin OVIAL 12.00 797.14 885.71 1153.95 1240.00 C062520F13 & May-2025 500		Non-Scheduled formulations										
Epofer 4000 lu Vial(1.00 Vial) (Erythropoietin INJECTION)(Each Vial Contains:r-Human Erythropoietin Intylection) 1.00 VIAL 12.00 797.14 885.71 1153.95 1240.00 12		Own Manufactured Formulations										
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Purchased Formulations		Purchased Formulations										
Imported 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 : Pune Date: 08-Sep-25

> Authorized Signatory : Suyog Harip Name : Suyog Harip Deputy General Manager Designation: Mobile : 9370130082

suyogh@emcure.com Email Id: