

FORM - VI
Proforma for Price List for Medical Devices
[See Paragraph 24(3) and 25(2)]

Form Ref No.: Ref/IPDMS/Form/6/25030015 Date: 11-Mar-2025

1. Name of the Company : Emcure Pharmaceuticals Limited
2. Name of the Authorized Signatory : Chetan Gupta
3. Address of the Company : Plot No P-1 & P-2, IT-BT Park, Phase II, M.I.D.C. Hinjawadi, Pune, Pincode : 411057
4. Contact Details : 2066770000
5. Email Id : chetan.gupta@emcure.com
6. Category : Marketer

(Amount in Rs.)

Sl. No.	Medical Device Registration No. issued by CDSCO	Medical Device category as per the list issued by CDSCO	Product Name Specification as per DCGI approval/ Generic Name	Product Code (If any)	Brand Name	Minimal Unit of Sale/Retail pack size	Price to Distributor / Stockist / Hospital (excluding applicable taxes)	Price to Retailers (excluding applicable taxes)	Revised Maximum Retail Prices	Previous Maximum Retail Prices	Applicable GST %	Effective Batch No. & Date	Remarks
1	MFG/MD/2022/000443 in form MD-9	Organ preservative solution	GRAFTSOL SOLUTION 500 ML	--	GRAFTSOL SOLUTION 500 ML	500	5797.44	6441.60	8454.60	7693.00	5.0	MLC1501002/01-JAN-2025	-

Date : 11-Mar-2025

Place : Pune

Authorised signatory : Chetan Gupta

Name : Chetan Gupta

Designation with Office Seal : Vice President

Mobile No : 9871291785

Email Id : chetan.gupta@emcure.com