Form Ref No.: Ref/IPDMS/Form/5/100 Date: 04-May-2023

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

1. Name & address of the manufacturer / importer / distributor : Virchow Biotech Private Limited, Add :Plot No. 319, 3rd Floor, Swamy Ayyappa Co-op. Housing Society, Madhapur, Hyderabad 500 081

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

J. B. CHEMICALS & PHARMACEUTICALS LTD, Add :Neelam Centre, 4th Floor,B-Wing,Hind Cycle Road, Worli

	TABLE-A					
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Purchased/Imported Formulation					
1	Jbnox Injection 40 Mg Injection(4.00 Ml) (Enoxaparin INJECTION)	Enoxaparin 40 MG INJECTION	4	322.47	358.30	501.62
2	Jbnox Injection 60 Mg Injection(6.00 Ml) (Enoxaparin INJECTION)	Enoxaparin 60 MG INJECTION	6	483.70	537.45	752.43
TABLE-B						
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	Price to Retailer (inclusive of E.D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Non-Scheduled formulation					
	Own Manufactured Formulation					
	Purchased/Imported Formulation					

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 : Vaishnavi Shivgan Mumbai Authorized Signatory :

> Vaishnavi Shivgan Name : Manager Distribution

12-Apr-2022 Date: Designation :