Form Ref No.: Ref/IPDMS/Form/5/101 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 : Realcade Lifesciences Pvt. Ltd., Add :Survey No. 891-892, Y-Junction, At Narmada Canal, Karn Nagar, Taluka- Kadi,

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								
	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)	ı		
	Scheduled formulation								
	Purchased/Imported Formulation						П		
1	Dripsal 100ml(1.00 No) (Sodium Chloride + Water For Injection BOTTLE)	Sodium Chloride + Water For Injection 0.9 GM BOTTLE	1	14.15	15.72	22.01			
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						\Box		
	Own Manufactured Formulation								
	Purchased/Imported Formulation								

 $\underline{\text{Notes:-}} \text{In case of purchased/imported formulation, Name of the manufacturer shall be indicated.}$

The information furnished above is correct and true to the best of my knowledge and belief.

 Place :
 Mumbai

 Authorized Signatory :
 Vaishnavi Shivgan

 Date:
 12-Apr-2023
 Name:
 Vaishnavi Shivgan

 Designation:
 Manager Distribution