Form Ref No.: Ref/IPDMS/Form/5/104 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: Sanzyme Prive Limited, Add :Plot no.13, Sagar Society, Road No.2, Banjarahills, Hyderabad

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		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	Pubergen Aqua 5000 lu Vial Sale(1.00 Vial) (Human Chorionic Gonadotropin INJECTION)	Human Chorionic Gonadotropin 5000 IU INJECTION	1	331.07	359.86	438.31	
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						

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

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