

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

1. Name & address of the manufacturer / importer / distributor : J. B. CHEMICALS & PHARMACEUTICALS LTD, Add :Neelam Centre, 4th Floor,B-Wing,Hind Cycle Road, Worli

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						
Sl. 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					
	Own Manufacture Formulation					
1	Metrogyl Injection Iv 100ml(100.00 Ml) (Metronidazole INJECTION)	Metronidazole 500 MG INJECTION	100	16.65	18.10	23.52
TABLE-B						
Sl. 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 : Mumbai

Authorized Signatory : Vaishnavi Shivgan

Name : Vaishnavi Shivgan

Date : 12-Apr-2023

Designation : Manager Distribution