Form Ref No.: Ref/IPDMS/Form/5/113 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: 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, Worl

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	Vasolip Tab 40mg 1x10(10.00 Tablet) (Atorvastatin TABLET)	Atorvastatin 40 MG TABLET	10	136.58	151.76	212.46		
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					ĺ	ヿ	
	Own manadatarea i ormalation							

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

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