

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

1. **Name & address of the manufacturer / importer / distributor :** INNOVA CAPTAB LIMITED, Add : SCO 301, 2nd Floor, Sector 9
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					
	Purchased/Imported Formulation					
1	Azicyte 250 Mg Tablet 6(6.00 No) (Azithromycin TABLET)	Azithromycin 250 MG TABLET	6	50.28	55.87	78.22
2	Azicyte 500 Mg Tablet 3(3.00 Tablet) (Azithromycin TABLET)	Azithromycin 500 MG TABLET	3	50.89	56.54	79.16
3	Levum 250 Mg Tablet 5(5.00 Tablet) (Levofloxacin TABLET)	Levofloxacin 250 MG TABLET	5	17.35	19.28	26.99
4	Levum 500 Mg Tablet 5(5.00 Tablet) (Levofloxacin TABLET)	Levofloxacin 500 MG TABLET	5	32.36	35.96	50.34
5	Ifimol Tabs 650mg 10s(10.00 No) (Paracetamol TABLET)	Paracetamol 650 MG TABLET	10	14.32	15.91	22.28
6	Omlek Capsule 20s(20.00 No) (Omeprazole CAPSULE)	Omeprazole 20 MG CAPSULE	20	41.32	45.91	64.28
7	Clariber Tablet 4s(4.00 No) (Clarithromycin TABLET)	Clarithromycin 500 MG TABLET	4	111.74	124.16	173.82

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

Date : 10-04-2023

Authorized Signatory : Vaishnavi Shivgan
Name : Vaishnavi Shivgan
Designation : Manager Distribution