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

1. Name & address of the manufacturer / importer / distributor :

Akums Drugs & pharmaceuticals Ltd, Add :304, Mohan Place, Local Shopping Complex, Block - C, Opposite Post Office, Saraswati Vihar

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

Authorized Signatory:

Vaishnavi Shivgan

	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	Megest 10 Mg Tablet(10.00 Tablet) (Medroxyprogesterone Acetate TABLET)	Medroxyprogesterone Acetate 10 MG TABLET	10	49.48	53.78	69.88	
2	Rejun 100 Mg Tablet 10s(10.00 Tablet) (Clomifene TABLET)	Clomifene 100 MG TABLET	10	106.98	116.28	151.08	
3	Rejun 50 Mg Tablet(10.00 Tablet) (Clomifene TABLET)	Clomifene 50 MG TABLET	10	70.02	76.11	98.89	
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	\neg
	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 :

Name: Vaishnavi Shivgan Date: 12-Apr-2023 Manager Distribution Designation: