Form Ref No.: Ref/IPDMS/Form/5/91 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 : ASSOCIATED BIOTECH, Add :Village-Kishanpura, Guru Majra Road, Teh-Nalagarh

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	Pack Size	Price to Stockist (inclusive of E.D) (Rs.)	of F D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	j
	Scheduled formulation						
	Purchased/Imported Formulation						
1	Moxanute Cv Tab 1x6 Sales Alu/Alu(6.00 Tablet) (Amoxycillin + Clavulanic Acid TABLET)	Amoxycillin + Clavulanic Acid 500/125 MG TABLET	6	79.00	87.78	122.90	
TABLE-B							
	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.)	of F D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	ĺ
	Non-Scheduled formulation						
	Own Manufactured Formulation						
	Purchased/Imported Formulation						

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

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