Form Ref No.: Ref/IPDMS/Form/5/92 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: CURETECH SKINCARE, Add : Plot No. 34 phase IV, Bhatoli Kalan

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				\neg
SI. No.	Name of the Product(Formulation and its dosage forms)	Composition Approved By Drug Control Authorities		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						\neg
1	Candishine 1 % Cream 15 Gm(15.00 Gm) (Clotrimazole CREAM)	Clotrimazole 1 % CREAM	15	32.40	36.00	50.40	
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						П

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

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