Form Ref No.: Ref/IPDMS/Form/5/93 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: HEMA LABORATORIES PVT. LTD., Add: 1212 GIDC ESTATE WADHWANCITY

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						
	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 E.D. (Ps.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Purchased/Imported Formulation					
1	Cefstrip 200 Tab 1x10 Sales Alu Alu(10.00 Tablet) (Cefixime TABLET)	Cefixime 200 MG TABLET	10	70.34	78.16	109.42
2	Cefstrip 50 Syrup 1x30 Ml Sales(30.00 Ml) (Cefixime SYRUP)	Cefixime 50 MG SYRUP(EACH 5 ML CONTAINS CEFIXIME 50 MG)	30	34.99	38.88	54.43
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) (Ps)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Non-Scheduled formulation					
	Own Manufactured Formulation					
	Purchased/Imported Formulation					

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

The information furnished above is correct and true to the best of my knowledge and belief.

 Place :
 Mumbai

 Authorized Signatory :
 Vaishnavi Shivgan

 Date:
 12-Apr-2023

 Name:
 Vaishnavi Shivgan

 Designation:
 Manager Distribution