Form Ref No.: Ref/IPDMS/Form/5/98 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: Nitin Lifesciences Limited, Add :Rampur Ghat Road, Tehsil Paonta Sahib, Distt. Sirmour (HP) - 173025

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
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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	Efocort Injection Sales 100mg(100.00 Mg) (Hydrocortisone INJECTION)	Hydrocortisone 100 MG INJECTION	100	31.12	34.58	48.41		
2	Cifrovid Eye Drop 10ml(10.00 Ml) (Ciprofloxacin EYE DROPS)	Ciprofloxacin 0.3 % EYE DROPS	10	11.01	12.23	17.13		
3	Dicloran Injection(15.00 MI) (Diclofenac INJECTION)	Diclofenac 25 MG INJECTION	15	18.22	20.25	28.35		
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							
	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 :
 Mumbai

 Authorized Signatory :
 Vaishnavi Shivgan

 Date:
 12-Apr-2023
 Name:
 Vaishnavi Shivgan

 Designation:
 Manager Distribution