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

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

PURE AND CURE HEALTHCARE PVT. LTD., Add :PLOT NO. 131 TO 133, BLOCK -C, MANGOLPURI IND. AREA, PHASE -I (ADJOINING CBSE OFFICE)

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.)	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	Panum Iv. 40mg(1.00 Vial) (Pantoprazole INJECTION)	Pantoprazole 40 MG INJECTION	1	36.32	40.36	56.50
2	Dilcardia Tabs 60mg 10s(10.00 No) (Diltiazem TABLET)	Diltiazem 60 MG TABLET	10	39.31	43.68	61.15
3	Moxanute 250 Cap 10s(10.00 No) (Amoxycillin CAPSULE)	Amoxycillin 250 MG CAPSULE	10	17.56	19.51	27.32
4	Moxanute 500 Cap 10s(10.00 No) (Amoxycillin CAPSULE)	Amoxycillin 500 MG CAPSULE	10	52.92	58.80	82.32
5	Jbsartan 20 Tablet 15s(15.00 No) (Telmisartan TABLET)	Telmisartan 20 MG TABLET	15	41.58	46.20	64.68
6	Jbsartan 40 Tablet 15s(15.00 No) (Telmisartan TABLET)	Telmisartan 40 MG TABLET	15	73.00	81.11	113.56
7	Ditoniq Chewable Tablet 4s(4.00 No) (Vitamin D3 (Cholecalciferol) TABLET)	Vitamin D3 (Cholecalciferol) 60000 IU TABLET	4	64.80	72.00	100.80
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					

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

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