

**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 PRIVATE LIMITED, Add :1212, GIDC, WADHWAN CITY

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						
Sl. 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)
	<b>Scheduled formulation</b>					
	<b>Purchased/Imported Formulation</b>					
1	Rantac Syrup 100 MI(100.00 MI) (Ranitidine SYRUP)	Ranitidine 75 MG SYRUP	100	94.99	105.55	147.77
2	Rantac Syrup 30 MI(30.00 MI) (Ranitidine SYRUP)	Ranitidine 75 MG SYRUP	30	28.49	31.66	44.33

  

TABLE-B						
Sl. 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)
	<b>Non-Scheduled formulation</b>					
	<b>Own Manufactured Formulation</b>					
	<b>Purchased/Imported Formulation</b>					

**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

Name : Vaishnavi Shivgan

Date : 04-Apr-2023

Designation : Manager Distribution