Form Ref No.: Ref/IPDMS/Form/5/45 Date: 04-Apr-2023

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

- 1. Name & address of the manufacturer / importer / distributor: J. B. CHEMICALS & PHARMACEUTICALS LTD, Add :Neelam Centre, 4th Floor,B-Wing,Hind Cycle Road, Worli
- 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.)	of F D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	l
	Scheduled formulation						
	Own Manufactured Formulation						
	Purchased/Imported Formulation						
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.)	of F D) (Rs.)	Maximum Retail Price (inclusive of E.D & Taxes) (Rs.)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	l
	Non-Scheduled formulation						
	Own Manufacture Formulation						П
1	Rantac 150 Mg Tablet 30(30.00 Tablet) (Ranitidine TABLET)	Ranitidine 150 MG TABLET	30	28.80	32.00	44.80	

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

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

 Place :
 Mumbai

 Authorized Signatory :
 Vaishnavi Shivgan

 Date:
 04-Apr-2023
 Name:
 Vaishnavi Shivgan

 Designation:
 Manager Distribution