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

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

CENTAUR PHARMACEUTICALS PRIVATE LIMITED, Add :CENTAUR HOUSE, NEAR GRAND HYATT, VAKOLA,

SANTACRUZ (E)

2. Name & address of the marketing company, if any :

Purchased/Imported Formulation

CENTAUR PHARMACEUTICALS PRIVATE LIMITED, Add :CENTAUR HOUSE, NEAR GRAND HYATT, VAKOLA,

| SANTACRUZ (E) | | | | | | |
|---------------|--|---|-----------|---|--|---|
| 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 | Nucloba 5 Mg Tablet 10(10.00 Tablet) (Clobazam TABLET) | Clobazam 5 MG TABLET | 10 | 45.37 | 49.31 | 64.06 |
| 2 | Nucloba 10 Mg Tablet 10(10.00 Tablet) (Clobazam TABLET) | Clobazam 10 MG TABLET | 10 | 78.04 | 84.83 | 110.21 |
| 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 | | | | ĺ | |

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 :

Authorized Signatory : DR AMIT RANGNEKAR DR AMIT RANGNEKAR

04-Apr-2023 Date: Designation: VP SCM