

**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 : CENTAUR PHARMACEUTICALS PRIVATE LIMITED, Add :CENTAUR HOUSE, NEAR GRAND HYATT, VAKOLA, SANTACRUZ (E)

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	D Boost 400 Iu Drops 30 MI(30.00 MI) (Vitamin D3 (Cholecalciferol) DROPS)	Vitamin D3 (Cholecalciferol) 400 IU DROPS	30	62.10	67.50	87.70

  

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 : DR AMIT RANGNEKAR

Name : DR AMIT RANGNEKAR

Date : 04-Apr-2023

Designation : VP SCM