

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)
	Scheduled formulation					
	Own Manufacture Formulation					
1	Relub Ds 1 % Eye Drops 10 MI(10.00 MI) (Carboxy Methyl Cellulose EYE DROPS)	Carboxy Methyl Cellulose 1 % EYE DROPS	10	115.93	126.01	146.17
2	Relub 0.5 % Eye Drops 10 MI(10.00 MI) (Carboxy Methyl Cellulose EYE DROPS)	Carboxy Methyl Cellulose 0.5 % EYE DROPS	10	88.19	95.87	111.21
3	Relub Lc 0.5 % Eye Drops 10 MI(10.00 MI) (Carboxy Methyl Cellulose + Levocarnitine EYE DROPS)	Carboxy Methyl Cellulose + Levocarnitine 0.5 % EYE DROPS	10	97.44	105.91	122.86
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)
	Non-Scheduled formulation					
	Own Manufactured Formulation					
	Purchased/Imported Formulation					

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 : 03-Feb-2023

Designation : VP SCM