

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

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

Savi Health Science, Add :Plot No. 1, 2 Vigyan Khand Near Bharwara Crossing Near Madhuban Dairy,Gomati Nagar,Lucknow,Uttar Pradesh,226010

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

CENTAUR PHARMACEUTICALS PRIVATE LIMITED, Add :CENTAUR HOUSE, NEAR GRAND HYATT, VAKOLA, SANTACRUZ (E),MUMBAI,Mumbai Suburban,Maharashtra,400055

**TABLE-A**

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	Price to retailer (excluding taxes) (Rs.)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	<b>Scheduled formulations</b>									
	<b>Own Manufactured Formulations</b>									
1	Midasiz Nasal Spray(2.50 MI)ONASAL SPRAY)	Midazolam 1.25 MG NASAL SPRAY	2.50 ML	12.00	429.90	467.28	607.000000	607.10	DX002 & Apr-2024	5000
	<b>Purchased Formulations</b>									
	<b>Imported Formulations</b>									

**TABLE-B**

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate (in %)	Price to Distributor (excluding taxes) (Rs.)	Price to retailer (excluding taxes) (Rs.)	Pre-revised Maximum Retail Price, if any (incl. of all taxes) (Rs.)	Maximum Retail Price (incl. of all taxes) (Rs.)	Batch no. and date from which price revision is effective	Production Capacity
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	<b>Non-Scheduled formulations</b>									
	<b>Own Manufactured Formulations</b>									
	<b>Purchased Formulations</b>									
	<b>Imported Formulations</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

Date : 02-Apr-2024

**Authorized Signatory :** DR AMIT RANGNEKAR  
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