

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

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

THE MADRAS PHARMACEUTICALS, Add :15, GOPALAKRISHNA ROAD, T.NAGAR,CHENNAI,Chennai,Tamil Nadu,600017

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>									
	<b>Purchased Formulations</b>									
1	Nucloba 5 Mg Tablet 10(10.00 Tablet)0TABLET)	Clobazam 5 MG TABLET	10.00 TABLET	12.00	45.45	49.40	64.060000	64.18	AA006 & Apr-2024	50000000
2	Nucloba 10 Mg Tablet 10(10.00 Tablet)0TABLET)	Clobazam 10 MG TABLET	10.00 TABLET	12.00	78.04	84.83	110.210000	110.21	AA006 & Apr-2024	50000000
	<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  
**Name :** DR AMIT RANGNEKAR  
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