

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

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

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

2. Name and 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 GST) (Rs.)	Price to Retailer (inclusive of GST) (Rs.)	Maximum Retail Price (inclusive of GST) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Scheduled formulation					
	Own Manufacture Formulation					
1	Cipro Cent 0.3 % Drops 5 MI(5.00 MI) (Ciprofloxacin DROPS)	Ciprofloxacin 0.3 % DROPS	5	6.09	6.62	7.67
2	Glucotim 0.5(5.00 MI) (Timolol EYE DROPS)	Timolol 0.5 % EYE DROPS	5	39.34	42.76	49.60
	Purchased/Imported Formulation					
1	Cefocef O 200 Mg Tablet 10(10.00 Tablet) (Cefixime TABLET)	Cefixime 200 MG TABLET	10	77.46	84.19	97.66
2	D Boost 400 Iu Drops 30 MI(30.00 MI) (Vitamin D3 (Cholecalciferol) DROPS)	Vitamin D3 (Cholecalciferol) 400 IU DROPS	30	62.09	67.49	78.29
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 GST) (Rs.)	Price to Retailer (inclusive of GST) (Rs.)	Maximum Retail Price (inclusive of GST) (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

Date : 13-Jan-2023

Name : DR AMIT RANGNEKAR

Designation : VP SCM