

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)
	Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
1	Midasiz Nasal Spray(2.50 MI) (Midazolam NASAL SPRAY)	Midazolam 1.25 MG NASAL SPRAY	2.50 ML	12.00	437.38	475.41	607.1	617.65	DX003 & Apr-2025	5000
2	Midasiz 0.5(5.00 MI) (Midazolam NASAL SPRAY)	Midazolam 0.5 MG NASAL SPRAY	5.00 ML	12.00	322.48	350.52	447.61	455.39	DX002 & Apr-2025	1000
	Imported Formulations									
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)
	Non-Scheduled formulations									
	Own Manufactured Formulations									
	Purchased Formulations									
	Imported Formulations									

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 : 03-Apr-2025

Authorized Signatory : DR AMIT RANGNEKAR

Name : DR AMIT RANGNEKAR

Designation : VP SCM

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