

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

1. Name and address of the manufacturer / importer / distributor : Pharma Synth Formulations Ltd., Add :A 10 15, JHILMIL INDUSTRIAL AREA DELHI. ,DELHI,East,Delhi,110095
2. Name and address of the marketing company, if any : Pharma Synth Formulations Ltd., Add :A 10 15, JHILMIL INDUSTRIAL AREA DELHI. ,DELHI,East,Delhi,110095

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	Tranxi-500(5.00 MI)INJECTION)	Tranexamic Acid 500 MG INJECTION(Each 5 ml contains: Tranexamic Acid IP 500 mg Water for injection IP q.s.)	5.00 ML	5.00	49.03	54.48	85.000000	71.50	1 & Apr-2024	0
	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 : Delhi
Date : 21-May-2024

Authorized Signatory : Ramesh Chand Jain
Name : Ramesh Chand Jain
Designation : Director
Mobile : 9319777674
Email Id : hd@pharmasynth.in