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										
	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.)		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									
1	Vitalyte Ors Powder 21 Gm(21.00 Gm)0POWDER)	Dextrose Anhydrous + Potassium Chloride + Sodium Chloride + Sodium Citrate 13.5/1.5/2.6/2.9 GM POWDER	21.00 GM	5.00	14.97	16.63	24.150000	21.83	Not available & May-2024	0
2	Vitalyte Ors Powder 4.2 Gm(4.20 Gm)0POWDER)	Dextrose Anhydrous + Potassium Chloride + Sodium Chloride + Sodium Citrate 13.5/1.5/2.6/2.9 GM POWDER	4.20 GM	5.00	2.99	3.32	4.820000	4.36	not available & May-2024	0
	Purchased Formulations					ĺ	ĺ			
	Imported Formulations									
TABLE-B										
SI. 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.)		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.

Delhi Place : 01-Jun-2024 Date :

> Ramesh Chand Authorized Signatory :

Jain

Ramesh Chand Name :

Jain

Designation : Director Mobile: 9319777674 Email Id : hd@pharmasynth.in