

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/59 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

2. Name and address of the marketing company, if any :

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
	Purchased Formulations										
1	Folitrax 10 Mg Tablet 10(10.00 No) (Methotrexate TABLET)	Methotrexate 10 MG TABLET	10.00 No	5.00	0.005510	106.32	106.32	139.55	139.55	13.29	TBD & Apr-2024
2	Folitrax 2.5 Mg Tablet 10(10.00 No) (Methotrexate TABLET)	Methotrexate 2.5 MG TABLET	10.00 No	5.00	0.005510	42.48	42.48	55.76	55.76	5.31	TBD & Apr-2024
3	Folitrax 5 Mg Tablet 10(10.00 No) (Methotrexate TABLET)	Methotrexate 5 MG TABLET	10.00 No	5.00	0.005510	75.44	75.44	99.02	99.02	9.43	TBD & Apr-2024
4	Castramid 50 Mg Tablet 10(10.00 No) (Bicalutamide TABLET)	Bicalutamide 50 MG TABLET	10.00 No	12.00	0.005510	331.52	331.52	464.13	464.13	43.30	TBD & Apr-2024
5	Azr 50 Mg Tablet 10(10.00 No) (Azathioprine TABLET)	Azathioprine 50 MG TABLET	10.00 No	5.00	0.005510	90.08	90.08	118.23	118.23	11.26	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/60 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

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

Akums Drugs & pharmaceuticals Ltd, Add :304, Mohan Place, Local Shopping Complex, Block - C, Opposite Post Office, Saraswati Vihar,New Delhi, North West,Delhi,110034

2. **Name and address of the marketing company, if any :**

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
	Purchased Formulations										
1	Valrate 200 Mg Syrup 100 MI(100.00 MI) (Sodium Valproate SYRUP)	Sodium Valproate 200 MG SYRUP	100.00 ML	12.00	0.005510	52.00	52.00	72.80	72.80	0.65	TBD & Apr-2024
2	Tazofast 4000/500 Mg Injection 10 MI(1.00 Vial) (Piperacillin + Tazobactam INJECTION)	Piperacillin + Tazobactam 4000/500 MG INJECTION	1.00 VIAL	12.00	0.005510	319.51	319.53	447.32	447.34	399.41	TBD & Apr-2024
3	Azibact Readymix 200(15.00 MI) (Azithromycin SUSPENSION)	Azithromycin 200 MG SUSPENSION	15.00 ML	12.00	0.005510	40.92	40.92	57.29	57.29	3.41	TBD & Apr-2024
4	Azibact Lr Readymix 200(30.00 MI) (Azithromycin SUSPENSION)	Azithromycin 200 MG SUSPENSION	30.00 ML	12.00	0.005510	81.84	81.84	114.58	114.58	3.41	TBD & Apr-2024
5	Epictal 100 Mg Syrup 100 MI(100.00 MI) (Levetiracetam SYRUP)	Levetiracetam 100 MG SYRUP	100.00 ML	12.00	0.005510	317.60	317.60	444.64	444.64	3.97	TBD & Apr-2024
6	Epictal 100 Mg Injection 5 MI(5.00 MI Vial) (Levetiracetam INJECTION)	Levetiracetam 100 MG INJECTION	5.00 ML VIAL	12.00	0.005510	92.08	92.08	128.91	128.91	23.02	TBD & Apr-2024
7	Azifast Readymix 200(15.00 MI) (Azithromycin SUSPENSION)	Azithromycin 200 MG SUSPENSION	15.00 ML	12.00	0.005510	40.92	40.92	57.29	57.29	3.41	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/61 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

1. **Name and address of the manufacturer / importer / distributor :** Akums Drugs & pharmaceuticals Ltd, Add :304, Mohan Place, Local Shopping Complex, Block - C, Opposite Post Office, Saraswati Vihar,New Delhi,North West,Delhi,110034
2. **Name and address of the marketing company, if any :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
	Purchased Formulations										
1	Valrate Cr 200/87 Mg Tablet Cr 10(10.00 No) (Sodium Valproate + Valproic Acid TABLET CR)	Sodium Valproate + Valproic Acid 200/87 MG TABLET CR	10.00 No	12.00	0.005510	48.80	48.80	68.32	68.32	6.10	TBD & Apr-2024
2	Epictal 750 Tablets(10.00 No) (Levetiracetam TABLET)	Levetiracetam 750 MG TABLET	10.00 No	12.00	0.005510	154.72	154.72	216.61	216.61	19.34	TBD & Apr-2024
3	Valrate Cr 333/145 Mg Tablet Cr 10(10.00 No) (Sodium Valproate + Valproic Acid TABLET CR)	Sodium Valproate + Valproic Acid 333/145 MG TABLET CR	10.00 No	12.00	0.005510	74.24	74.24	103.94	103.94	9.28	TBD & Apr-2024
4	Valrate Cr-200 Tablets(10.00 No) (Sodium Valproate + Valproic Acid TABLET CR)	Sodium Valproate + Valproic Acid 135/58 MG TABLET CR	10.00 No	12.00	0.005510	28.72	28.72	40.21	40.21	3.59	TBD & Apr-2024
	Imported Formulations										

Notes:-In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

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Place : Mumbai
Date : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/62 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

1. **Name and address of the manufacturer / importer / distributor :** Akums Drugs & pharmaceuticals Ltd, Add :304, Mohan Place, Local Shopping Complex, Block - C, Opposite Post Office, Saraswati Vihar,New Delhi,North West,Delhi,110034
2. **Name and address of the marketing company, if any :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Pacimol Ds 250 Mg Suspension 60 MI(60.00 MI) (Paracetamol SUSPENSION)	Paracetamol 250 MG SUSPENSION	60.00 ML	12.00	0.005510	32.16	32.16	45.02	45.02	0.67	TBD & Apr-2024
2	Pacimol 120 Mg Suspension 60 MI(60.00 MI) (Paracetamol SUSPENSION)	Paracetamol 120 MG SUSPENSION	60.00 ML	12.00	0.005510	29.28	29.28	40.99	40.99	0.61	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II
FORM - II
PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)

Form Ref No.: Ref/IPDMS/Form/2/63 Date: 05-Apr-2024

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

2. Name and address of the marketing company, if any :

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
1	Calchek 2.5 Mg Tablet 10(10.00 No) (Amlodipine TABLET)	Amlodipine 2.5 MG TABLET	10.00 No	12.00	0.005510	14.32	14.32	20.05	20.05	1.79	TBD & Apr-2024
2	Isordil 10 Mg Tablet 10(10.00 No) (Isosorbide Dinitrate TABLET)	Isosorbide Dinitrate 10 MG TABLET	10.00 No	12.00	0.005510	6.48	6.48	9.07	9.07	0.81	TBD & Apr-2024
3	Cinkona 300 Mg Tablet 10(10.00 No) (Quinine TABLET)	Quinine 300 MG TABLET	10.00 No	5.00	0.005510	45.20	45.20	59.33	59.33	5.65	TBD & Apr-2024
4	Lariago 250 Mg Tablet 10(10.00 No) (Chloroquine TABLET)	Chloroquine 250 MG TABLET	10.00 No	5.00	0.005510	9.36	9.36	12.29	12.29	1.17	TBD & Apr-2024
5	Pacimol 650 Mg Tablet 15(15.00 No) (Paracetamol TABLET)	Paracetamol 650 MG TABLET	15.00 No	12.00	0.005510	24.12	24.12	33.77	33.77	2.01	TBD & Apr-2024
6	Ozepam 0.25 Mg Tablet 10(10.00 No) (Clonazepam TABLET)	Clonazepam 0.25 MG TABLET	10.00 No	12.00	0.005510	16.16	16.16	22.62	22.62	2.02	TBD & Apr-2024
7	Ozepam 0.5 Mg Tablet 10(10.00 No) (Clonazepam TABLET)	Clonazepam 0.5 MG TABLET	10.00 No	12.00	0.005510	23.34	23.34	32.68	32.68	3.45	TBD & Apr-2024
8	Recita 20 Mg Tablet 10(10.00 No) (Escitalopram TABLET)	Escitalopram 20 MG TABLET	10.00 No	12.00	0.005510	114.88	114.88	160.83	160.83	14.36	TBD & Apr-2024
9	Recita 5 Mg Tablet 15(15.00 No) (Escitalopram TABLET)	Escitalopram 5 MG TABLET	15.00 No	12.00	0.005510	60.24	60.24	84.34	84.34	5.02	TBD & Apr-2024
10	Sove 10 Mg Tablet 15(15.00 No) (Zolpidem TABLET)	Zolpidem 10 MG TABLET	15.00 No	12.00	0.005510	102.11	102.11	142.96	142.96	8.51	TBD & Apr-2024
11	Ipca Mmf 500 Mg Tablet 10(10.00 No) (Mycophenolate Mofetil TABLET)	Mycophenolate Mofetil 500 MG TABLET	10.00 No	5.00	0.005510	591.04	596.72	775.74	783.20	74.59	TBD & Apr-2024
12	Xtor 10 Mg Tablet 10(10.00 No) (Atorvastatin TABLET)	Atorvastatin 10 MG TABLET	10.00 No	12.00	0.005510	39.52	39.52	55.33	55.33	4.94	TBD & Apr-2024
13	Xtor 20 Mg Tablet 10(10.00 No) (Atorvastatin TABLET)	Atorvastatin 20 MG TABLET	10.00 No	12.00	0.005510	100.48	100.48	140.67	140.67	12.56	TBD & Apr-2024
14	Xtor 40 Mg Tablet 10(10.00 No) (Atorvastatin TABLET)	Atorvastatin 40 MG TABLET	10.00 No	12.00	0.005510	154.40	154.40	216.16	216.16	19.30	TBD & Apr-2024
15	Xtor 80 Mg Tablet 10(10.00 No) (Atorvastatin TABLET)	Atorvastatin 80 MG TABLET	10.00 No	12.00	0.005510	324.64	324.64	454.50	454.50	40.58	TBD & Apr-2024
16	Recita 10 Mg Tablet 15(15.00 No) (Escitalopram TABLET)	Escitalopram 10 MG TABLET	15.00 No	12.00	0.005510	108.00	108.00	151.20	151.20	9.00	TBD & Apr-2024
17	Revelol XI 100 Mg Tablet 15(15.00 No) (Metoprolol TABLET MR)	Metoprolol 100 MG TABLET MR	15.00 No	12.00	0.005510	179.88	179.88	251.83	251.83	14.99	TBD & Apr-2024
18	Vinacor XI 100 Mg Tablet XI 10(10.00 No) (Metoprolol TABLET MR)	Metoprolol 100 MG TABLET MR	10.00 No	12.00	0.005510	119.92	119.92	167.89	167.89	14.99	TBD & Apr-2024
19	Sove 5 Tablets(15.00 No) (Zolpidem TABLET)	Zolpidem 5 MG TABLET	15.00 No	12.00	0.005510	74.52	74.52	104.33	104.33	6.21	TBD & Apr-2024
20	Isordil 5 Mg Tablet SI 10(10.00 No) (Isosorbide Dinitrate TABLET SL)	Isosorbide Dinitrate 5 MG TABLET SL	10.00 No	12.00	0.005510	6.56	6.56	9.18	9.18	0.82	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/64 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

1. **Name and address of the manufacturer / importer / distributor :** HETERO BIOPHARMA LTD, Add :7-2-A2, Hetero Corporate Industrial Estate, HYDERABAD, Hyderabad, Telangana, 500018
2. **Name and address of the marketing company, if any :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West), Mumbai, Mumbai Suburban, Maharashtra, 400067

Sl. No.	Name of the Product (Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Rituxipca 500 Mg Injection 50 MI(50.00 MI Vial) (Rituximab INJECTION)	Rituximab 500 MG INJECTION(Each 50ml vial contains-Rituximab (r-DNA Origin) Active Ingredient) 500mg. Sodium Chloride IP (as tonicity agent)450mg. Tri Sodium Dihydrate IP (as buffering agent) 367.5mg. Polysorbate 80 IP (as stabilizer) 35.0mg.)	50.00 ML VIAL	12.00	0.005510	30470.80	30472.40	42659.12	42661.36	761.81	TBD & Apr-2024
	Imported Formulations										

Notes:-In case of purchased/imported formulation, Name of the manufacturer shall be indicated.

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Place : Mumbai
Date : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/65 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

1. **Name and address of the manufacturer / importer / distributor :** Hetero Labs Limited, Add :Hetero Corporate, 7-2-A/2, Industrial Estate, Sanath Nagar,,Hyderabad,Ranga Reddy,Telangana,500018

2. **Name and address of the marketing company, if any :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Telminorm 20 Mg Tablet 10(10.00 No) (Telmisartan TABLET)	Telmisartan 20 MG TABLET	10.00 No	12.00	0.005510	31.04	31.04	43.46	43.46	3.88	TBD & Apr-2024
2	Telminorm 40 Mg Tablet 10(10.00 No) (Telmisartan TABLET)	Telmisartan 40 MG TABLET	10.00 No	12.00	0.005510	54.08	54.08	75.71	75.71	6.76	TBD & Apr-2024
3	Telminorm 80 Mg Tablet 10(10.00 No) (Telmisartan TABLET)	Telmisartan 80 MG TABLET	10.00 No	12.00	0.005510	83.20	83.20	116.48	116.48	10.40	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/66 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

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

LYKA LABS LIMITED, Add : Spencer Building, Ground Floor, 30 Forjett Street, Tardeo, Grant Road West, Mumbai, Mumbai, Maharashtra, 400036

2. Name and address of the marketing company, if any :

Ipca Laboratories Limited, Add : Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West), Mumbai, Mumbai Suburban, Maharashtra, 400067

Sl. No.	Name of the Product (Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
	Purchased Formulations										
1	Larinate 120 Mg Injection 15 Ml(1.00 Vial) (Artesunate INJECTION)	Artesunate 120 MG INJECTION (Each vial contains: Artesunate Sterile IP 120mg The pack contains 2ml ampoule of Sodium Bicarbonate Injection IP 5%w/v and 10ml ampoule of Sodium Chloride Injection IP 0.9%w/v)	1.00 VIAL	12.00	0.005510	363.53	363.55	508.94	508.97	454.44	TBD & Apr-2024
2	Larinate 60 Mg Injection 5 Ml(1.00 Vial) (Artesunate INJECTION)	Artesunate 60 MG INJECTION (Each combi pack contains: 1. 1 Vial of Artesunate for Injection 60mg Each vial contains: Artesunate IP (Sterile) 60mg 2. 1ml Ampoule of Sodium Bicarbonate IP 5% w/v 3. 5ml Ampoule of Sodium Chloride IP 0.9 w/v)	1.00 VIAL	12.00	0.005510	195.78	195.79	274.09	274.10	244.73	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

LYKA LABS LIMITED, Add : Spencer Building, Ground Floor, 30 Forjett Street, Tardeo, Grant Road West, Mumbai, Mumbai, Maharashtra, 400036

2. Name and address of the marketing company, if any :

Ipca Laboratories Limited, Add : Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West), Mumbai, Mumbai Suburban, Maharashtra, 400067

Sl. No.	Name of the Product (Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
	Purchased Formulations										
1	Leup XI 22.5mg Injection (1.00 Vial) (Leuprorelin INJECTION)	Leuprorelin 22.5 MG INJECTION (Each Combi pack contains a. One vial of Leuprolide Acetate for Injection (Depot) 22.5mg Each vial contains Leuprolide Acetate USP 22.5mg Excipients q.s. b. Diluents for Leuprolide Acetate for Injection (Depot) 3ml Each ml contains Sodium Carboxymethylcellulose IP 5mg Mannitol IP 50mg Polysorbate 80 IP 1mg Water for Injection IP q.s. c. Sterile Hypodermic 3ml syringe for single use only d. Sterile Hypodermic Needles for single use only)	1.00 VIAL	12.00	0.005510	9178.57	9179.07	12850.00	12850.70	17081.50	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/68 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

1. **Name and address of the manufacturer / importer / distributor :** Makers Laboratories Limited, Add :Plot No. 54-D, Kandivli Industrial Estate, Charkop, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067
2. **Name and address of the marketing company, if any :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
	Purchased Formulations										
1	Perinorm 5 Mg Injection 10 MI(10.00 MI Vial) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	10.00 ML VIAL	12.00	0.005510	12.96	13.04	18.14	18.26	1.63	TBD & Apr-2024
2	Perinorm 5 Mg Injection 2 MI(2.00 MI Ampoule) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	2.00 ML AMPOULE	12.00	0.005510	4.27	4.27	5.98	5.98	2.67	TBD & Apr-2024
3	Periset 2 Mg Injection 4 MI(4.00 MI Ampoule) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	4.00 ML AMPOULE	12.00	0.005510	15.00	15.00	26.70	26.70	5.96	TBD & Apr-2024
4	Periset 2 Mg Injection 2 MI(2.00 MI Ampoule) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	2.00 ML AMPOULE	12.00	0.005510	9.54	9.54	13.35	13.35	5.96	TBD & Apr-2024
5	Perinorm 5 Mg Injection 20 MI(20.00 MI Vial) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	20.00 ML VIAL	12.00	0.005510	26.08	26.08	36.51	36.51	1.63	TBD & Apr-2024
6	Periset 2 Mg Injection 10 MI(10.00 MI Vial) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	10.00 ML VIAL	12.00	0.005510	35.84	35.84	50.18	50.18	5.96	TBD & Apr-2024
7	Omihalt 2ml Injection(2.00 MI) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION(Each ml contains : Ondansetron Hydrochloride IP equivalent to Ondansetron 2mg Water for Injection IP q.s.)	2.00 ML	12.00	0.005510	9.54	9.54	13.35	13.35	5.96	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/69 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

1. **Name and address of the manufacturer / importer / distributor :** Makers Laboratories Limited, Add :Plot No. 54-D, Kandivli Industrial Estate, Charkop, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067
2. **Name and address of the marketing company, if any :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Aquasurge Eye Drop(10.00 Ml) (Carboxy Methyl Cellulose EYE DROPS)	Carboxy Methyl Cellulose 0.5 % EYE DROPS	10.00 ML	12.00	0.005510	98.32	98.40	137.65	137.76	12.30	TBD & Apr-2024
2	Aquasurge Max Eye Drop(10.00 Ml) (Carboxy Methyl Cellulose EYE DROPS)	Carboxy Methyl Cellulose 1 % EYE DROPS	10.00 ML	12.00	0.005510	132.64	132.64	185.70	185.70	16.58	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/71 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

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

PURE AND CURE HEALTHCARE PVT. LTD., Add :PLOT NO. 131 TO 133, BLOCK -C, MANGOLPURI IND. AREA, PHASE - I (ADJOINING CBSE OFFICE),DELHI,New Delhi,Delhi,110083

2. **Name and address of the marketing company, if any :**

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Epictal 250 Mg Tablet 10(10.00 No) (Levetiracetam TABLET)	Levetiracetam 250 MG TABLET	10.00 No	12.00	0.005510	50.40	50.40	70.56	70.56	6.30	TBD & Apr-2024
2	Epictal 500 Mg Tablet 10(10.00 No) (Levetiracetam TABLET)	Levetiracetam 500 MG TABLET	10.00 No	12.00	0.005510	103.84	103.84	145.38	145.38	12.98	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/72 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

1. **Name and address of the manufacturer / importer / distributor :** Ravenbhel Healthcare Private Limited, Add :16-17, EPIP ,SIDCO,Kartholi,,Bari Brahmana,Jammu,Jammu And Kashmir,181133

2. **Name and address of the marketing company, if any :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
	Purchased Formulations										
1	Ica 100 Mg Capsule 7(7.00 No) (Itraconazole CAPSULE)	Itraconazole 100 MG CAPSULE	7.00 No	12.00	0.005510	88.03	88.03	123.24	123.24	16.67	TBD & Apr-2024
2	Ica 200 Mg Capsule 7(7.00 No) (Itraconazole CAPSULE)	Itraconazole 200 MG CAPSULE	7.00 No	12.00	0.005510	123.87	123.87	173.42	173.42	22.12	TBD & Apr-2024
3	Zt1sb 100 Mg Capsule 10(10.00 No) (Itraconazole CAPSULE)	Itraconazole 100 MG CAPSULE	10.00 No	12.00	0.005510	133.36	133.36	186.70	186.70	16.67	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/73 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

2. **Name and address of the marketing company, if any :**

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Perinorm 5 Mg Injection 2 MI(2.00 MI Ampoule) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	2.00 ML AMPOULE	12.00	0.005510	4.27	4.27	5.98	5.98	2.67	TBD & Apr-2024
2	Periset 2 Mg Injection 2 MI(2.00 MI Ampoule) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	2.00 ML AMPOULE	12.00	0.005510	9.54	9.54	13.35	13.35	5.96	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II

Form Ref No.: Ref/IPDMS/Form/2/74 Date: 05-Apr-2024

FORM - II

PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS

(See paragraph 16)

1. Name and address of the manufacturer / importer / distributor : SWISS GARNIERS GENEXIAA SCIENCES PRIVATE LIMITED, Add :SWISS GARNIERS GENEXIAA SCIENCES PRIVATE LIMITED,CHENNAI,Chennai,Tamil Nadu,600016
2. Name and address of the marketing company, if any : Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Nifutin 100 Mg Tablet Sr 10(10.00 No) (Nitrofurantoin TABLET SR)	Nitrofurantoin 100 MG TABLET SR	10.00 No	12.00	0.005510	64.88	64.88	90.83	90.83	8.11	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/75 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

1. **Name and address of the manufacturer / importer / distributor :** Syncom Formulations (I) Limited, Add :7, Niraj Industrial Estate, Mahakali Caves Road, Andheri (E),Andheri,Mumbai Suburban,Maharashtra,400093
2. **Name and address of the marketing company, if any :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
	Purchased Formulations										
1	Perinorm 5 Mg Injection 10 MI(10.00 MI Vial) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	10.00 ML VIAL	12.00	0.005510	12.96	13.04	18.14	18.26	1.63	TBD & Apr-2024
2	Perinorm 5 Mg Injection 20 MI(20.00 MI Vial) (Metoclopramide INJECTION)	Metoclopramide 5 MG INJECTION	20.00 ML VIAL	12.00	0.005510	26.08	26.08	36.51	36.51	1.63	TBD & Apr-2024
3	Periset 2 Mg Injection 10 MI(10.00 MI Vial) (Ondansetron INJECTION)	Ondansetron 2 MG INJECTION	10.00 ML VIAL	12.00	0.005510	35.84	35.84	50.18	50.18	5.96	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/76 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

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 :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Tacva 0.5mg Capsules(10.00 No) (Tacrolimus CAPSULE)	Tacrolimus 0.5 MG CAPSULE	10.00 No	12.00	0.005510	165.28	165.28	231.39	231.39	20.66	TBD & Apr-2024
2	Tacva 1mg Capsules(10.00 No) (Tacrolimus CAPSULE)	Tacrolimus 1 MG CAPSULE	10.00 No	12.00	0.005510	324.96	324.96	454.94	454.94	40.62	TBD & Apr-2024
3	Tacva 2mg Capsules(10.00 No) (Tacrolimus CAPSULE)	Tacrolimus 2 MG CAPSULE	10.00 No	12.00	0.005510	674.72	674.72	944.61	944.61	84.34	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/77 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

2. **Name and address of the marketing company, if any :**

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
1	Pacimol Tablets(1000.00 No) (Paracetamol TABLET)	Paracetamol 500 MG TABLET	1000.00 No	12.00	0.005510	395.86	395.86	554.20	554.20	0.90	TBD & Apr-2024
2	Pacimol 650 Mg Tablet 15(15.00 No) (Paracetamol TABLET)	Paracetamol 650 MG TABLET	15.00 No	12.00	0.005510	24.12	24.12	33.77	33.77	2.01	TBD & Apr-2024
3	Pacimol 500 Mg Tablet 15(15.00 No) (Paracetamol TABLET)	Paracetamol 500 MG TABLET	15.00 No	12.00	0.005510	10.80	10.80	15.12	15.12	0.90	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/78 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

1. **Name and address of the manufacturer / importer / distributor :** MALIK LIFESCIENCES PVT LTD, Add :301, 3RD FLOOR, LAXMI TOWER, LOCAL SHOPING COMPLEX,C BLOCKM SARASWATI VIHAR,DELHI,New Delhi,Delhi,110034
2. **Name and address of the marketing company, if any :** Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Rapiclav 500/125 Mg Tablet 10(10.00 No) (Amoxycillin + Clavulanic Acid TABLET)	Amoxycillin + Clavulanic Acid 500/125 MG TABLET	10.00 No	12.00	0.005510	146.40	146.40	204.96	204.96	18.30	TBD & Apr-2024
2	Rapiclav 200/28.5 Mg Dry Syrup 30 Ml(30.00 Ml) (Amoxycillin + Clavulanic Acid DRY SYRUP)	Amoxycillin + Clavulanic Acid 200/28.5 MG DRY SYRUP	30.00 ML	12.00	0.005510	48.48	48.48	67.87	67.87	2.02	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

SCHEDULE - II
FORM - II
PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)

Form Ref No.: Ref/IPDMS/Form/2/79 Date: 05-Apr-2024

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

2. Name and address of the marketing company, if any :

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
1	Lariago 50 Mg Suspension 60 MI(60.00 MI) (Chloroquine SUSPENSION)	Chloroquine 50 MG SUSPENSION	60.00 ML	5.00	0.005510	16.32	16.32	21.42	21.42	0.34	TBD & Apr-2024
2	Larinate Xp 60 Mg Injection 5 MI(1.00 Vial) (Artesunate INJECTION)	Artesunate 60 MG INJECTION(Each combi pack contains: a)Each vial contains: Sterile Artesunate IP 60mg b) Each ampoule contains: Anhydrous disodium hydrogen phosphate BP 4.0% w/v Potassium dihydrogen phosphate BP 0.2% w/v)	1.00 VIAL	12.00	0.005510	207.92	207.93	291.09	291.10	244.73	TBD & Apr-2024
3	Pacimol Ds 250 Mg Suspension 60 MI(60.00 MI) (Paracetamol SUSPENSION)	Paracetamol 250 MG SUSPENSION	60.00 ML	12.00	0.005510	32.16	32.16	45.02	45.02	0.67	TBD & Apr-2024
4	Hcqs 200 Mg Tablet 15(15.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 200 MG TABLET	15.00 No	12.00	0.005510	76.32	76.32	106.85	106.85	6.36	TBD & Apr-2024
5	Perinorm 5 Mg Syrup 60 MI(60.00 MI) (Metoclopramide SYRUP)	Metoclopramide 5 MG SYRUP	60.00 ML	12.00	0.005510	24.00	24.00	33.60	33.60	0.50	TBD & Apr-2024
6	Periset 2 Mg Syrup 30 MI(30.00 MI) (Ondansetron SYRUP)	Ondansetron 2 MG SYRUP	30.00 ML	12.00	0.005510	30.24	30.24	42.34	42.34	1.26	TBD & Apr-2024
7	Lariago Suspension(120.00 MI) (Chloroquine SUSPENSION)	Chloroquine 50 MG SUSPENSION	120.00 ML	5.00	0.005510	32.64	32.64	42.84	42.84	0.34	TBD & Apr-2024
8	Pacimol 120 Mg Suspension 60 MI(60.00 MI) (Paracetamol SUSPENSION)	Paracetamol 120 MG SUSPENSION	60.00 ML	12.00	0.005510	29.28	29.28	40.99	40.99	0.61	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/80 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

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

OASIS LABORATORIES PVT. LTD., Add :E-18, SELAQUI INDUSTRIAL AREA, SELAQUI DEHRADUN ,DEHRADUN,Dehradun,Uttarakhand,248197

2. **Name and address of the marketing company, if any :**

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
	Scheduled formulations										
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Own Manufactured Formulations										
	Purchased Formulations										
1	Perinorm 5 Mg Syrup 60 MI(60.00 MI) (Metoclopramide SYRUP)	Metoclopramide 5 MG SYRUP	60.00 ML	12.00	0.005510	24.00	24.00	33.60	33.60	0.50	TBD & Apr-2024
2	Periset 2 Mg Syrup 30 MI(30.00 MI) (Ondansetron SYRUP)	Ondansetron 2 MG SYRUP	30.00 ML	12.00	0.005510	30.24	30.24	42.34	42.34	1.26	TBD & Apr-2024
3	Omihalt Syrup(30.00 MI) (Ondansetron SYRUP)	Ondansetron 2 MG SYRUP(Each 5ml contains : Ondansetron Hydrochloride IP equivalent to Ondansetron 2mg)	30.00 ML	12.00	0.005510	30.24	30.24	42.34	42.34	1.26	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

**SCHEDULE - II
FORM - II**

Form Ref No.: Ref/IPDMS/Form/2/82 Date: 05-Apr-2024

**PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS
(See paragraph 16)**

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

2. Name and address of the marketing company, if any :

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

Sl. No.	Name of the Product(Formulation and its dosage forms)	Composition as approved by Drug Control Authorities	Pack Size	GST rate in %	WPI change w.r.t preceding year in %	Price to retailer per pack (excluding taxes) (Rs.)		Maximum Retail Price (incl. of all taxes) (Rs.)		Notified Ceiling Price (in Rs., excluding taxes)	Batch No. and date from which price revision is effective
						Pre-Revised	Revised	Pre-Revised	Revised		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
	Scheduled formulations										
	Own Manufactured Formulations										
1	Saaz 500 Mg Tablet Dr 10(10.00 No) (Sulfasalazine TABLET DR)	Sulfasalazine 500 MG TABLET DR	10.00 No	12.00	0.005510	37.76	37.76	52.86	52.86	4.72	TBD & Apr-2024
2	Azibact 250 Mg Tablet 10(10.00 No) (Azithromycin TABLET)	Azithromycin 250 MG TABLET	10.00 No	12.00	0.005510	93.20	93.20	130.48	130.48	11.65	TBD & Apr-2024
3	Azibact 500 Mg Tablet 5(5.00 No) (Azithromycin TABLET)	Azithromycin 500 MG TABLET	5.00 No	12.00	0.005510	94.28	94.28	131.99	131.99	23.57	TBD & Apr-2024
4	Azifast 250 Mg Tablet 6(6.00 No) (Azithromycin TABLET)	Azithromycin 250 MG TABLET	6.00 No	12.00	0.005510	55.92	55.92	78.29	78.29	11.65	TBD & Apr-2024
5	Calchek 5 Mg Tablet 10(10.00 No) (Amlodipine TABLET)	Amlodipine 5 MG TABLET	10.00 No	12.00	0.005510	20.00	20.00	28.00	28.00	2.50	TBD & Apr-2024
6	Hcqs 200 Mg Tablet 10(10.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 200 MG TABLET	10.00 No	12.00	0.005510	50.88	50.88	71.23	71.23	6.36	TBD & Apr-2024
7	Malirid 2.5 Mg Tablet Dt 7(7.00 No) (Primaquine TABLET DT)	Primaquine 2.5 MG TABLET DT	7.00 No	12.00	0.005510	9.80	9.80	13.72	13.72	1.75	TBD & Apr-2024
8	Malirid 7.5 Mg Tablet 7(7.00 No) (Primaquine TABLET)	Primaquine 7.5 MG TABLET	7.00 No	12.00	0.005510	13.33	13.33	18.66	18.66	2.38	TBD & Apr-2024
9	Perinorm 10 Mg Tablet 10(10.00 No) (Metoclopramide TABLET)	Metoclopramide 10 MG TABLET	10.00 No	12.00	0.005510	10.80	10.80	15.12	15.12	1.35	TBD & Apr-2024
10	Periset Md 4 Mg Tablet Md 10(10.00 No) (Ondansetron TABLET MD)	Ondansetron 4 MG TABLET MD	10.00 No	12.00	0.005510	41.12	41.12	57.57	57.57	5.14	TBD & Apr-2024
11	Periset 4 Mg Tablet 10(10.00 No) (Ondansetron TABLET)	Ondansetron 4 MG TABLET	10.00 No	12.00	0.005510	41.12	41.12	57.57	57.57	5.14	TBD & Apr-2024
12	Periset 8 Mg Tablet 10(10.00 No) (Ondansetron TABLET)	Ondansetron 8 MG TABLET	10.00 No	12.00	0.005510	66.47	66.47	93.06	93.06	9.06	TBD & Apr-2024
13	Clarbact 250 Mg Tablet 4(4.00 No) (Clarithromycin TABLET)	Clarithromycin 250 MG TABLET	4.00 No	12.00	0.005510	76.45	76.45	107.03	107.03	23.89	TBD & Apr-2024
14	Clarbact 500 Mg Tablet 4(4.00 No) (Clarithromycin TABLET)	Clarithromycin 500 MG TABLET	4.00 No	12.00	0.005510	127.49	127.49	178.48	178.48	39.84	TBD & Apr-2024
15	Glyree 1 Mg Tablet 10(10.00 No) (Glimepiride TABLET)	Glimepiride 1 MG TABLET	10.00 No	12.00	0.005510	29.60	29.60	41.44	41.44	3.70	TBD & Apr-2024
16	Glyree 2 Mg Tablet 10(10.00 No) (Glimepiride TABLET)	Glimepiride 2 MG TABLET	10.00 No	12.00	0.005510	46.40	46.40	64.96	64.96	5.80	TBD & Apr-2024
17	Hcqs 400 Mg Tablet 10(10.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 400 MG TABLET	10.00 No	12.00	0.005510	110.40	110.40	154.56	154.56	13.80	TBD & Apr-2024
18	Ipcas Hyq 400 Mg Tablet 10(10.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 400 MG TABLET	10.00 No	12.00	0.005510	110.40	110.40	154.56	154.56	13.80	TBD & Apr-2024
19	Lumerax 20/120 Mg Tablet Dt 6(6.00 No) (Artemether + Lumefantrine TABLET DT)	Artemether + Lumefantrine 20/120 MG TABLET DT	6.00 No	12.00	0.005510	60.71	60.71	85.00	85.00	12.65	TBD & Apr-2024
20	Lumerax 40/240 Mg Tablet 6(6.00 No) (Artemether + Lumefantrine TABLET)	Artemether + Lumefantrine 40/240 MG TABLET	6.00 No	12.00	0.005510	86.59	86.59	121.23	121.23	18.04	TBD & Apr-2024
21	Lumerax 80/480 Mg Tablet 6(6.00 No) (Artemether + Lumefantrine TABLET)	Artemether + Lumefantrine 80/480 MG TABLET	6.00 No	12.00	0.005510	122.45	122.45	171.43	171.43	25.51	TBD & Apr-2024
22	Ramcor 2.5 Mg Capsule 10(10.00 No) (Ramipril CAPSULE)	Ramipril 2.5 MG CAPSULE	10.00 No	12.00	0.005510	37.28	37.28	52.19	52.19	4.66	TBD & Apr-2024
23	Ramcor 5 Mg Capsule 10(10.00 No) (Ramipril CAPSULE)	Ramipril 5 MG CAPSULE	10.00 No	12.00	0.005510	57.52	57.52	80.53	80.53	7.19	TBD & Apr-2024
24	Revolol Xi 25 Mg Tablet 15(15.00 No) (Metoprolol TABLET ER)	Metoprolol 25 MG TABLET ER	15.00 No	12.00	0.005510	50.40	50.40	70.56	70.56	4.20	TBD & Apr-2024
25	Revolol Xi 50 Mg Tablet 15(15.00 No) (Metoprolol TABLET ER)	Metoprolol 50 MG TABLET ER	15.00 No	12.00	0.005510	70.08	70.08	98.11	98.11	5.84	TBD & Apr-2024

26	Vinacor XI 25 Mg Tablet XI 10(10.00 No) (Metoprolol TABLET ER)	Metoprolol 25 MG TABLET ER	10.00 No	12.00	0.005510	33.60	33.60	47.04	47.04	4.20	TBD & Apr-2024
27	Vinacor XI 50 Mg Tablet XI 10(10.00 No) (Metoprolol TABLET ER)	Metoprolol 50 MG TABLET ER	10.00 No	12.00	0.005510	46.72	46.72	65.41	65.41	5.84	TBD & Apr-2024
28	Malirid Ds 15 Mg Tablet 7(7.00 No) (Primaquine TABLET)	Primaquine 15 MG TABLET	7.00 No	12.00	0.005510	28.78	28.79	40.30	40.30	5.14	TBD & Apr-2024
29	Hcqs 200 Mg Tablet 15(15.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 200 MG TABLET	15.00 No	12.00	0.005510	76.32	76.32	106.85	106.85	6.36	TBD & Apr-2024
30	Ipcas Hyq 200 Tablets(10.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 200 MG TABLET	10.00 No	12.00	0.005510	50.88	50.88	71.23	71.23	6.36	TBD & Apr-2024
31	Azifast 500mg Tablets(6.00 No) (Azithromycin TABLET)	Azithromycin 500 MG TABLET	6.00 No	12.00	0.005510	113.14	113.14	158.39	158.39	23.57	TBD & Apr-2024
32	Omihalt Md 4 Tablets(10.00 No) (Ondansetron TABLET MD)	Ondansetron 4 MG TABLET MD(Each uncoated orally disintegrating tablet contains : Ondansetron IP 4mg)	10.00 No	12.00	0.005510	41.12	41.12	57.57	57.57	5.14	TBD & Apr-2024
33	Hcqs 400 Tablets(15.00 No) (Hydroxychloroquine TABLET)	Hydroxychloroquine 400 MG TABLET	15.00 No	12.00	0.005510	165.60	165.60	231.84	231.84	13.80	TBD & Apr-2024
	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 : 05-Apr-0024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

2. Name and address of the marketing company, if any :

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

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									
1	Hcqs 200 Mg Tablet 15(15.00 No)0TABLET)	Hydroxychloroquine 200 MG TABLET	15.00 No	12.00	68.69	76.32	106.680000	106.85	GPD084001BH & Jan-2024	1170000
	Purchased Formulations									
	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 : 05-Apr-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com

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

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

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

2. Name and address of the marketing company, if any :

Ipca Laboratories Limited, Add :Plot No.125, M.G. Road, Kandivli Industrial Estate, Kandivli (West),Mumbai,Mumbai Suburban,Maharashtra,400067

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									
1	Ipca Mmf 500 Tablets(15.00 No) (Mycophenolate Mofetil TABLET)	Mycophenolate Mofetil 500 MG TABLET	15.00 No	5.00	805.58	895.09	-	1174.80	IMH034008AK & Jun-2024	60000
	Purchased Formulations									
	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 : 09-Aug-2024

Authorized Signatory : Sunil Kamath
Name : Sunil Kamath
Designation : Vice President Finance
Mobile : 9323138762
Email Id : sunil.kamath@ipca.com