

“Dear All CIPI Members,

Filing of Form II and Form V under DPCO, 2013

We have had discussion with NPPA on the above subject. It has been clarified that all the manufacturers who are revising their prices based on the WPI of the previous year are required to file Form II with the 15 days from the date of revision and also revised price list in Form V to dealers, State Drugs Controllers and the Government. The format of Form II and Form V as per DPCO are enclosed for the reference of the members.”

SCHEDULE-II FORM - II

PROFORMA FOR SUBMISSION OF REVISED-PRICES FOR SCHEDULED FORMULATIONS

(See paragraph 16)

1. Name and address of the manufacturer / importer / distributor.
2. Name and address of the marketing company, if any.

Sl. No.	Name of the Product (Formulation and its dosage forms)	Composition of scheduled formulation/new drug	Pack Size	WPI change w.r.t preceding Year	Price to retailer (incl. of E.D.) (Rs.)			Maximum Retail Price (incl. of E.D.&Taxes) (Rs.)		Ceiling Price (Notified) (Rs.)	Effective Batch No. and date
					Pre-Revised	Revised	Revised	Pre-Revised	Revised		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
	Scheduled Formulations										
	Own Manufactured Formulations										
	Purchased/Importec Formulations										

Notes:- In case of purchased 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:

Date:

Authorised Signatory:

Name:

Designation:

**SCHEDULE-II
FORM - V**

**PROFORMA FOR PRICE LIST
(See paragraphs 2(x),24,25,26)**

1. Name and address of the manufacturer / importer / distributor.
2. Name and address of the marketing company, if any.

TABLE-A

Sl. No.	Name of the Product (Formulation and its dosage forms)	Composition approved by Drug Control Authorities	Pack Size	Price to retailer (incl. of E.D.) (Rs.)	Maximum Retail Price (incl. of E.D.&Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)
	Scheduled Formulations				
	Own Manufactured Formulations				
	Purchased/Imported Formulations				

TABLE-B

Sl. No.	Name of the Product (Formulation and its dosage forms)	Composition approved by Drug Control Authorities	Pack Size	Price to retailer (incl. of E.D.) (Rs.)	Maximum Retail Price (incl. of E.D.&Taxes) (Rs.)
(1)	(2)	(3)	(4)	(5)	(6)
	Non-Scheduled Formulations				
	Own Manufactured Formulations				
	Purchased/Imported Formulations				

Notes:- In case of purchased 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:
Date:

Authorised Signatory:
Name:
Designation:

