**PROFORMA FOR VERIFICATION OF REFERENCE PRICES OF DRUGS**

**(GENERIC BRAND)**

**(Prices of top 3 generics – separate form for each brand)**

|  |  |  |
| --- | --- | --- |
| **S.No** | **Description** | **Data** |
|  | Brand name of drug / formulation  |  |
|  | Composition of drug  | Please use separate sheet for each strength |
|  | Name of manufacturer  |  |
|  | Country of manufacturing |  |
|  | Name of importer, if applicable |  |
|  | Dosage Form | Please use separate sheet for each dosage form |
|  | Pack size | Please use separate sheet for each pack size. |
|  | Name of country of reference |  |
|  | Currency of reference country |  |
|  | Exchange Rate parity of currency with US Dollar |  |
|  | Registration / market authorization number of drug issued by regulatory authority of reference country |  |
|  | Name of authority which regulates drugs prices |  |
|  | Manufactured locally or imported in country of reference  |  |
|  | Nature of price of drug being certified. Please indicate which of the following is applicable:* Retail Price
* Trade / Whole sale price
* Ex-factory / ex-warehouse price
* Any other, please specify------
 |   |
|  | Taxes applicable on sale of drugs, if any |  |
|  | Price printed on pack/lable/strip exclusive of VAT, sale tax, education, cess, excise duty, local tax or any other levy on sale of the drug |  |
|  | Retail price printed on pack/lable/strip inclusive of VAT, sale tax, education, cess, excise duty, local tax or any other levy on sale of the drug |  |
|  | Rate of VAT, sale tax, education, cess, excise duty, local tax or any other levy on sale of the drug |  |
|  | City of verification  |  |
|  | Source of verification (official notification by the regulatory authority, market survey, price catalogue etc) |  |

Name and address of price verifying agency

Date: