

MOST IMMEDIATE

No.20(8)/2013/Div.III/NPPA/Part-3/Vol.III/part
Government of India
Ministry of Chemicals & Fertilizers
Department of Pharmaceuticals
National Pharmaceutical Pricing Authority

5th / 3rd Floor,
YMCA Culture Centre Building,
I, Jai Singh Road,
New Delhi – 110 001

20th July 2018

To

As per list enclosed.

Subject: Revisiting the ceiling price of Primary Knee implants and Revision Knee implants-
Request for price data.

Madam/Sir,

Companies manufacturing and importing primary and revision knee system are directed to furnish price data as per the revised format attached. It is requested that the data both in hard and soft copies may be sent to NPPA latest by **30th July, 2018**. The soft copy of the data may be emailed to medicaldevices-nppa@gov.in

Encl: As above

Yours faithfully,



(R. Nihal Pedric)

Joint Director

Tele: 011-23746642

Email: nihalpedric@nic.in

Name and Contact Details of the companies dealing with orthopedics Knee implant system

	Company Name/ Address /Email ID
1.	BIOMET ORTHOPAEDIC INDIA PVT. LTD. OFFICE NO. 811, BLDG. NO.8 SOLITAIRE CORPORATE PARK ANDHERI GHATKOPAR LINK ROAD, CHAKALA, ANDHERI EAST, MUMBAI 400093 Ajay.Bagga@zimmerbiomet.com shammi.saini@zimmerbiomet.com
2.	ZIMMER INDIA PVT LTD. 14 TH FLOOR, TOWER 5B DLF CYBER TERRACES, DLF CYBER CITY, GURGAON-122002 Kaustav.Banerjee@zimmerbiomet.com
3.	JOHNSON & JOHNSON PRIVATE LIMITED. PLOT NO. 118 SECTOR 44, GURGAON 122002, Email: araghava@its.jnj.com
4.	INOR MEDICAL PRODUCTS LTD. PLOT 303/304, G.I.D.C GUNDLAV, VALSAD, GUJARAT 396035 info@bom3.vsnl.net.in
5.	BIORAD MEDISYS PVT LTD. SURVEY NO. 48/3 & 48/7, PASHAN SUS ROAD, SUS VILAGE TAL. MULSHI PUNE -411021 pune@bioradmedisys.com
6.	B BRAUN MEDICAL (INDIA) PVT. LTD. 2 ND FLOOR 30ET 30E, SHIVAJI MARG, NAJAFGARH ROAD, NEW DELHI 110015 ets@bbraun.com
7.	MERIL LIFE SCIENCES INDIA PVT LTD. 512-513 MIDAS, SAHAR PLAZA J.B. NAGAR, ANDHERI EAST MUMBAI 40059 askinfo@merillife.com

8.	ADLER MEDIEQUIP PVT LTD.(SYNCERA) SUSHRUT HOUSE, SURVEY NO. 288, NEXT TO MIDC HINJEWADI PHASE LL, AT MANN, TAL MULSHI PUNE 411057. info@adlermediequip.com
9.	SMITH & NEPHEW Healthcare Pvt. Ltd. B-501-509 DYNASTLY DYNASTY BUSINESS PARK, ANDHERI KURLA ROAD, ANDHERI (E) MUMBAI 400059 Email: nikunj.shah@smith-nephew.com
10.	SMIT MEDIMED PVT LTD. PLOT NO 10 PHASE-1 B/H PRASHANT ENG. GIDC VATVA AHMEDABAD 382445 (GUJARAT) info@smitmedimed.com gm@smithmedimed.com
11.	DJO GOBAL INDIA HEALTHCARE PVT. LTD. LEVEL 5, EXECUTIVE CENTRE TAMARAI TECH PARK NO 16,-20A INNER RING ROAD GUINDY, CHENNAI 600032 Edward.Arul@djoglobal.com
12.	STRYKER INDIA PRIVATE LTD Regd. OFFICE: C-5 SAFDARJUNG DEVELOPMENT AREA, COMMERCIAL COMPLEX, NEW DELHI 110016. vivek.malthotra@stryker.com
13.	DALVI & SONS G-10. ADD/ MIDC, KUDAL, SINDHUDURG-416250 dalviandsons@yahoo.com
14	Waldemar Link India Private limited 7 (Old No:4), 17 th Avenue, Harrington Road Chetpet, Chennai-600031 Email: a.aravindan@linkorthopaedics.in
15	Euro Medi Tools Pvt. Ltd., G-30, GF. Amar Colony, Lajpat Nagar-IV, New Delhi- 110024. E-mail: euromeditools@gmail.com

Format for pricing data of Knee Implant System (Revised)

Name of the Company: _____
 Whether Importer or Manufacturer: _____
 Address and contact details: _____

Se No.	Name of the product	Classification / Category	Imported or Domestically manufactured*	Last import price/ manufacturing cost as on 30th June, 2018 in ₹	Price to Distributor / price to Stockist (PTD/ PTS) as on 30th June, 2018 in ₹	Price to Retailer (PTR) as on 30th June, 2018 in ₹	Maximum Retail Price (MRP) as on 30th June, 2018 in ₹	Quantity sold for the period 01/04/2017 to 31/03/2018	Remarks, if any
1	2	3	4	5	6	7	8	9	10
		a. Femoral (Primary/Revision)							
		b. Tibial (Primary/Revision)							
		c. Articulating Surface (Primary/Revision)							
		d. Patella (Primary/Revision)							
		e. Wedge (Primary/Revision)							
		f. Augment (Primary/Revision)							
		g. Stem (Primary/Revision)							
		h. Bone Cement							

* if imported, please specify the following.

Name of the Manufacturer:

Country of Origin:

Name of the person holding Form 41:

Name of the person holding Form 10:

Also attach copy of Bill of Entry

Signature of Authorised Official:

Name:

Designation with office seal:

Date:

Mobile No:

Email id: