

Most Immediate

संख्या / 19(37)/2020/DP/Div. II/NPPA
भारत सरकार
Government of India
रसायन और उर्वरक मंत्रालय
Ministry of Chemicals & Fertilizers
औषध विभाग
Department of Pharmaceuticals
राष्ट्रीय औषध मूल्य निर्धारण प्राधिकरण
National Pharmaceutical Pricing Authority

तीसरी/पांचवीं मंजिल 5th / 3rd Floor,
वाई.एम.सी.ए. सांस्कृतिक केन्द्र बिल्डिंग
YMCA Cultural Center Building,
1, जय सिंह रोड, नई दिल्ली-110001
1, Jai Singh Road, N. Delhi – 110001.

दिनांक :- 18th March, 2020

OFFICE MEMORANDUM

Subject: Information on Surgical & Protective Masks.

Due to the current situation of Novel Coronavirus (COVID-19) outbreak, NPPA in exercise of powers under the para 29 of Drugs (Price Control) Order, 2013 and the provisions of Disaster Management Act, 2005 hereby directs all the manufacturers / importers of Surgical & Protective Masks to furnish information in the attached Format at an early date, not later than 20th March, 2020. The information should also be submitted in soft copy (PDF and MS-Excel format) to prakash.hemani@gov.in / prasenjit.icoas@gov.in.


18/03/2020
(Shiv Shankar Ojha)
Director (Pricing)
Mob. : 9452543810

Encl : Format

Form for submission of Data for Surgical & Protective Masks

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

Sl. No.	Category	Brand	Manufactured / marketed or Imported	Pack Size	Average price at First Point of Sale (Price to stockist / hospital) per pack (excluding Of GST) as in October, 2019 (Rs.)	Moving Annual Turnover for August, 2019 (Turnover from September, 18 to August, 19) (Rs.)	MRP per pack (Incl. Of GST) as in October, 2019 (Rs.)	Applicable GST Rate
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1	Two Ply							
2	Three Ply							
3	N95 Mask							
4	Any other (be specified)							

The information furnished above is correct and true to the best of my knowledge and belief.

Average Price at First Point of Sale (Price to Stockist / Hospital) = $\frac{\text{Sum of Net sales realization of product for the sales during October, 2019}}{\text{Total Quantity of such product sold in October, 2019}}$

Summary of Invoices for October, 2019 to be attached with sample Invoice copies.

Place:.....
Date:

(Signature and stamp)
Name of authorized person:
Designation :
Name of the Organisation/person: