



ZOVIX PHARMACEUTICALS

(A Veterinary Division of Daksh Pharmaceuticals Pvt. Ltd.)

(AN ISO 9001:2008 Certified Company)

Plot.No.249, Phase-2, Industrial Area, PANCHKULA (HR.)-134109

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Price List Effective dt. 01-01-2019

| S.No. | PRODUCTS | COMPOSITIONS | PACKING | M.R.P |
|-------|----------------------------------|--|--|--------------|
| 1 | INJ. ALVERIN - 100 ML | (Chlorpheniramine Maleate 10mg/ml) | 100 ml. Multidose Vial | 70.00 |
| 2 | BOLUS ALVIX - 1500 | (Albendazole 1500 mg.) | 10X1X2'S Bolus (24.75 PER BOLUS) | 495.00 |
| 3 | BOLUS ALVIX - 3000 | (Albendazole 3000 mg.) | 10X1X2'S Bolus (36.00 PER BOLUS) | 720.00 |
| 4 | SYP ALVIX | (Albendazole 25mg each ml.) | 1*60ml (with caver) | 48.00 |
| 5 | LIQ. CALVIX - 1000 ML | (Calcium 2080 mg.+ Phosphorous 1040mg. + Vitamin D3 10000 IU + Vitamin B12 150 mcg. + Carbohydrate 40000 mg. + Cobalt Chloride 20 mg. + Lipase Enzyme 10 mg. + Leptadenia Reticulata (Jivanti) 300 mg. + Asparagus Racemosa (Shatavari) 1000 mg. + Lipase Enzyme 10 mg./100 ml.) | 1000 ml. (*FEED) | 215.00 |
| 6 | LIQ. CALVIX - 2000 ML | '' | 2 Ltr. (*FEED) | 310.00 |
| 7 | LIQ. CALVIX - 5000 ML | '' | 5 Ltr. (*FEED) | 585.00 |
| 8 | LIQ. CALVIX - 6000 ML | '' | 6 Ltr. (*FEED) | 695.00 |
| 9 | INJ. CALVIX - 12 | (Calcium, Vitamin B12 & Vitamin D3 Injection) | 30 ml. | 90.00 |
| 10 | GEL CALVIX - DS | (Calcium 6600 mg + Phosphorous 3400 mg + Vitamin D3 32000 IU + Vitamin B12 400 mcg + Puerariamirifica Ext. 200 mg) | 300 gm (*FEED) | 185.00 |
| 11 | BOLUS CALVIX-FORTE | (Tribasic Calcium Phosphate 4.8 gm. + Magnesium 4.2 mg. + Protein 40 mg. + Vitamin B12 220 mcg, D3 2000 I.U., A 72000 I.U., E 288 mcg. + Leptadenia Reticulata 600 mg. (Carbohydrate fortified base)) | 20X1'S Bolus (17.50 PER BOLUS) (*FEED) | 350.00 |
| 12 | DERMITOP SPRAY | (Herbal Aerosol Spray) | 100 ml | 148.00 |
| 13 | INJ. ENORVIX ^(TM) | (Enrofloxacin 10% Injection (100 mg each ml.)) | 30 ml. Vial | 130.00 |
| 14 | INJ. ENORVIX ^(TM) | (Enrofloxacin 10% Injection (100 mg each ml.)) | 100 ml. Multidose Vial | 265.00 |
| 15 | LIQ. LIVNOX - DS | (Ferrous Gluconate 400 mg + Ferrous Chloride 160 mg + Thiamine Hydrochloride 10 mg + Riboflavine 10 mg + Nicortnic Acid 40 mg + Nicotinamide 90 mg + Choline Chloride 60 mg + Calcium Lactate 600 mg + Liver Fraction2 300 mg + Silymarin 300 mg) | 1000 ml. (*FEED) | 195.00 |
| 16 | LIQ. LIVNOX - DS | (Ferrous Gluconate 400 mg + Ferrous Chloride 160 mg + Thiamine Hydrochloride 10 mg + Riboflavine 10 mg + Nicortnic Acid 40 mg + Nicotinamide 90 mg + Choline Chloride 60 mg + Calcium Lactate 600 mg + Liver Fraction2 300 mg + Silymarin 300 mg) | 5000 ml. (*FEED) | 1050.00 |
| 17 | INJ. MELOVIX ^(TM) | (Meloxicam 5mg./ml. Injection) | 30 ml. Vial | 62.00 |
| 18 | INJ. MELOVIX ^(TM) | (Meloxicam 5mg./ml. Injection) | 100 ml. Multidose Vial | 96.00 |
| 19 | BOLUS MELOVIX ^(TM) -P | (Meloxicam 100 mg. + Paracetamol 1500 mg.) | 10X1X4'S Bolus (11 PER BOLUS) | 440.00 |

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| 20 | INJ. MELOVIX ^(TM) -P | (Meloxicam 5 mg. + Paracetamol 150 mg.) | 30 ml | 60.00 |
| 21 | INJ. MELOVIX ^(TM) -P | (Meloxicam 5 mg. + Paracetamol 150 mg.) | 100 ml | 165.00 |
| 22 | INJ. NEUROVAX - PLUS | (Methylcobalamin 500 mcg. + Pyridoxine Hydrochloride 50 mg. + Nicotinamide 50 mg. / ml.) | 50 ml. Multidose Vial | 450.00 |
| 23 | INJ. PREGVIX-750 MG | (Hydroxy Progesterone Caproate 750 mg.) | 3 ml. + Dispo Pack | 148.00 |
| 24 | INJ. PREGVIX-1000 MG | (Hydroxy Progesterone Caproate 250 mg.) | 4 ml | 198.00 |
| 25 | BOLUS TONOVIX | (Live Yeast Cultue 2 gm. + Amino Acids 1gm. + Lactobacillus 20 million + Liver Extract 15 mg. + Sea Flora Extract 1gm. + Sodium Bicarbonate 660 mg) | 10X1X4'S Bolus (16.00 PER BOLUS) (*FEED) | 640.00 |
| 26 | LIQ. UTROVIX | (Ecboic & Uterine Tonic) | 1000 ml. (*FEED) | 194.00 |
| 27 | TAB. VANZOLE ^(TM) - 150 | (Fenbendazole 150 mg.) | 10X10'S TAB. (4.50 PER TAB.) | 450.00 |
| 28 | BOLUS VANZOLE ^(TM) - 1500 | (Fenbendazole 1500 mg.) | 10X1X2'S Bolus (24 PER BOLUS) | 480.00 |
| 29 | BOLUS VANZOLE ^(TM) - 3000 | (Fenbendazole 3000 mg.) | 10X1X2'S Bolus (48 PER BOLUS) | 960.00 |
| 30 | INJ. VITAVIX | (Vitamin A, D3, E & H Injection) | 10 ml | 148.00 |
| 31 | POWDER VITAVIX | (Vitamin A 7,00,000 I.U. + Potassium 100 mg + Vitamin D3 70,000 I.U. + Phosphorus 12.75 % + Vitamin E 250 mg + Copper 1200 mg + Cobalt 150 mg + Sodium 5.9 mg + Iodine 325 mg + Nicotinamide 1000 mg + Iron 1500 mg + Magnesium 6000 mg + Sulphur 0.72 % + Zinc 9600 mg + Calcium 25.0% + Manganese 1500 mg) | 1000 gm. (*FEED) | 210.00 |
| 32 | POWDER VITAVIX | (Vitamin A 7,00,000 I.U. + Potassium 100 mg + Vitamin D3 70,000 I.U. + Phosphorus 12.75 % + Vitamin E 250 mg + Copper 1200 mg + Cobalt 150 mg + Sodium 5.9 mg + Iodine 325 mg + Nicotinamide 1000 mg + Iron 1500 mg + Magnesium 6000 mg + Sulphur 0.72 % + Zinc 9600 mg + Calcium 25.0% + Manganese 1500 mg) | 5 kg. (*FEED) | 780.00 |
| 33 | POWDER VITAVIX | (Vitamin A 7,00,000 I.U. + Potassium 100 mg + Vitamin D3 70,000 I.U. + Phosphorus 12.75 % + Vitamin E 250 mg + Copper 1200 mg + Cobalt 150 mg + Sodium 5.9 mg + Iodine 325 mg + Nicotinamide 1000 mg + Iron 1500 mg + Magnesium 6000 mg + Sulphur 0.72 % + Zinc 9600 mg + Calcium 25.0% + Manganese 1500 mg) | 20 kg. (*FEED) | 2560.00 |
| 34 | INJ. VITAVIX-FORTE | (Thiamine Hydrochloride 10 mg + Riboflavin Sodium Phosphate 3 mg + Niacinamide 100 mg + Vitamin B12 10 mcg + Phenol 0.5% w/v (As Preservative) + Liver Injection Crude 0.66 ml (Having Vitamin B12 activity equivalent to 2 mcg/ml of Cyanconobalamin/ml.)) | 30 ml. Vial | 57.00 |
| 35 | INJ. VITAVIX-FORTE | (Thiamine Hydrochloride 10 mg + Riboflavin Sodium Phosphate 3 mg + Niacinamide 100 mg + Vitamin B12 10 mcg + Phenol 0.5% w/v (As Preservative) + Liver Injection Crude 0.66 ml (Having Vitamin B12 activity equivalent to 2 mcg/ml of Cyanconobalamin/ml.)) | 100 ml. Multidose Vial | 140.00 |
| 36 | LIQ. VITAVIX - H | (Vitamin H (Biotin) 22.5 mcg + Vitamin A 2000 i.u. + Vitamin D3 10000 i.u. + Vitamin E 50 mg + Vitamin B12 20 mcg + Zinc 20 mg + Cobalt 100 mcg) | 1000 ml. (*FEED) | 1040.00 |

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| 37 | BOLUS VOFEN-PLUS | (Aceclofenac 500 mg. + Paracetamol 1500 mg.) | 10X1X4'S Bolus (14.50 PER BOLUS) | 580.00 |
| 38 | INJ. ZOLID-MF | (Mefenamic Acid 50 mg + Paracetamol 150 mg) | 30 ml. Vial | 50.00 |
| 39 | BOLUS ZOLID-PLUS | (Nimesulide 400 mg. + Paracetamol 1500 mg.) | 10X1X4'S Bolus (9 PER BOLUS) | 360.00 |
| 40 | INJ. ZOMOX-SL 3000 | (Amoxycillin 2000 mg. + Sulbactam 1000 mg.) | 20 ml. Vial +10 ml. WFI | 296.00 |
| 41 | INJ. ZOMOX-SL 4500 | (Amoxycillin 3000 mg. + Sulbactam 1500 mg.) | 30 ml. Vial + 20 ml. WFI | 346.00 |
| 42 | INJ. ZOVCEF ^(TM) -3000 | (Ceftriaxone 3000 mg. Injection) | 30 ml. Vial + 10 ml. WFI | 175.00 |
| 43 | INJ. ZOVCEF ^(TM) -4000 | (Ceftriaxone 4000 mg. Injection) | 20 ml. Vial +20 ml. WFI | 220.00 |
| 44 | INJ. ZOVCEF ^(TM) -SL 3000 | (Ceftriaxone 2000 mg. + Sulbactam 1000 mg.) | 30 ml. Vial + 10 ml. WFI | 192.00 |
| 45 | INJ. ZOVCEF ^(TM) -SL 4500 | (Ceftriaxone 3000 mg. + Sulbactam 1500 mg.) | 30 ml. Vial + 20 ml. WFI | 285.00 |
| 46 | INJ. ZOVCEF ^(TM) -XL 3.375 | (Ceftriaxone 3000 mg. + Tazobactam 375 mg.) | 20 ml. Vial + 20 ml. WFI | 350.00 |
| 47 | BOLUS ZOVCECT - 80 | (Ivermectin 80 mg.) | 10X1X2'S Bolus (22.50 PER BOLUS) | 450.00 |
| 48 | INJ. ZOVECT ^(TM) | (Ivermectin 1.0% Injection (10 mg each ml.) | 10 ml | 120.00 |
| 49 | INJ. ZOVECT ^(TM) | (Ivermectin 1.0% Injection (10 mg each ml.) | 50 ml. Multidose Vial | 460.00 |
| 50 | INJ. ZOVECT ^(TM) | (Ivermectin 1.0% Injection (10 mg each ml.) | 100 ml. Multidose Vial | 680.00 |
| ECTOPARASITICIDES PRODUCTS | | | | |
| 51 | INJ. AMIZOX | (Amitarz 125 mg/ml) | 15 ml | 85.00 |
| 52 | INJ. DELVIX | (Deltamethrin 12.5 mg/ml) | 15 ml | 50.00 |
| 53 | INJ. DELVIX | (Deltamethrin 12.5 mg/ml) | 50 ml | 130.00 |
| 54 | INJ. DROZAX - C | (Cypermethrin-High Cls 100 gm/Litre) | 15 ml | 48.00 |
| 55 | INJ. DROZAX - C | (Cypermethrin-High Cls 100 gm/Litre) | 50 ml | 125.00 |
| 56 | INJ. DROZAX - F | (Flumethrin 10 mg/ml) | 30 ml | 95.00 |
| Promotional & New Products | | | | |
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TERMS & CONDITIONS

1.Changes in prices/will discount: Zovix Pharmaceuticals reserve all right to change MRP,Trade price, discount, net etc (without any prior notice)

2. Supply : Supplies will be made within 3 working days of placing of order subject to availability of goods. Orders should be placed in written by courier/post/fax. Goods will be supplied in minimum quantities as specified in price-list. Road permit/waybill should be send along with order.

3.Payment : Payment should be given in advance or against delivery only. Goods send through bank will be through bank approved transporters only

4. Area : franchisee should work in allotted area only. Company may Cancel franchise forfeit deposit in case of any infiltration outside allotted area.

5.Taxation : G.S.T.Extra

6. Business Volume : Minimum business Rs **30000/-** (Thirty Thousand Rupees) per district per month.

7. Breakage/ Expiry : Breakage will be replaced only on presentation of valid transporter's certificate.

8. Promotional Material : Promotional Material, samples and gifts will be at actual cost subject to availability.

9. Special offers/ free goods : Company will provide special offer/ volume discounts or free goods from time to time subject to sole discretion of company.

10.Right to modify terms: **Company reserves right to modify/ change terms and condition to franchisee.**

11. Noc/ Loc Expense: Noc/Loc expenses should be borne totally by franchisee and zovix pharmaceuticals will not share any expenses for local Noc or donation to association.

12. Jurisdiction : Subject to Panchkula Jurisdiction only.



Feedback/Information Form

Firm Details:**Name of Firm:****Address of Firm:****Pin Code:****State :****Contact Details****Phone: STD Code 1.****2.****Mobil:****Suitable time to call :****fax:****E-mail:****Firms Details (Necessary):****TIN /GST NO:****Local ST No:****Drug Lic No: 20 B****21B****Banker Name and Address:****Area of operation (Mention each districts) :****Contact Person :****Firm Details:****Transporter :****Nearest Railway Station :****Name, Qualification and Date of Birth - Proprietior / Partner / Directors :****Business Details (optional):****Approx tunover for last 3 year (if applicable):****Other distributorship/ Franshisee held (if applicable):****Brief Background:****Reference :****Feedback / suggestions if any:****Signature with Stamp:**