

**We Know.....  
Animals is Human Being**



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

## **MRP LIST**

**(Net rate with effect from 01.07.2020 for Distributors) Update 01.10.2020**



## ZOVIX PHARMACEUTICALS

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

(AN ISO 9001:2015 Certified Company)

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Price List Effective dt.01.07.2020 (Update 01.10.2020)

S.No.	PRODUCTS	COMPOSITIONS	PACKING	M.R.P
1	INJ. ALVERIN <sup>(TM)</sup>	(Chlorpheniramine Maleate 10mg/ml)	100 ML (GLASS BOTTLE) MULTIDOSE VAIL	70.00
2	BOLUS ALVIX - 1500	(Albendazole 1500 mg.)	10X1X2'S BOLUS BLISTER PACKING	495.00
3	BOLUS ALVIX - 3000	(Albendazole 3000 mg.)	10X1X2'S BOLUS BLISTER PACKING	720.00
4	SYP ALVIX	(Albendazole 25mg each ml.)	60 ML WITH CAVER	54.00
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 (PLASTIC BOTTLE) <b>(*FEED)</b>	215.00
6	LIQ. CALVIX - 2000 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.)	2 LTR. (PLASTIC BOTTLE) <b>(*FEED)</b>	310.00
7	LIQ. CALVIX - 5000 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.)	5 LTR. (PLASTIC BOTTLE) <b>(*FEED)</b>	620.00
8	LIQ. CALVIX - 6000 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.)	6 LTR. (PLASTIC BOTTLE) <b>(*FEED)</b>	<b>720.00</b>
9	INJ. CALVIX - 12	(Calcium, Vitamin B12 & Vitamin D3 Injection)	30 ML. VAIL (GLASS BOTTLE)	90.00
10	GEL CALVIX - DS	(Calcium 6600 mg + Phosphorous 3400 mg + Vitamin D3 32000 IU + Vitamin B12 400 mcg + Puerariamarifrica Ext. 200 mg)	300 GM. (PLASTIC BOTTLE) <b>(*FEED)</b>	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 (BLISTER PACKING) (21.00 PER BOLUS)	420.00
12	LIQ. CALVIX FORTE - 200 ML	(Calcium 700 mg.+ Phosphorous 350 mg. + Vitamin A 10000 IU + Vitamin D3 3500 IU. + Vitamin B12 40 mcg+Asparagus Racemosus 150 mg+ Leptadenia Reticulata (Jivanti) 150 mg. + Lysine 30 mg+Methionine 10 mg+Vitamine E 10mg./10 ml.)	200 ML. (PLASTIC BOTTLE) <b>(*FEED)</b>	95.00
13	LIQ. CALVIX FORTE - 500 ML	(Calcium 700 mg.+ Phosphorous 350 mg. + Vitamin A 10000 IU + Vitamin D3 3500 IU. + Vitamin B12 40 mcg+Asparagus Racemosus 150 mg+ Leptadenia Reticulata (Jivanti) 150 mg. + Lysine 30 mg+Methionine 10 mg+Vitamine E 10mg./10 ml.)	500 ML. (PLASTIC BOTTLE) <b>(*FEED)</b>	165.00
14	LIQ. CALVIX FORTE - 5000 ML	"	5000 ML. (PLASTIC BOTTLE) <b>(*FEED)</b>	895.00
15	DERMITOP SPRAY	(Herbal Aerosol Spray)	100 ML (ALUMINIUM BOTTLE)	148.00
16	INJ. ENORVIX <sup>®</sup>	(Enrofloxacin 10% Injection (100 mg each ml.))	30 ML. VAIL (GLASS BOTTLE)	130.00
17	INJ. ENORVIX <sup>®</sup>	(Enrofloxacin 10% Injection (100 mg each ml.))	100 ML (GLASS BOTTLE) MULTIDOSE VAIL	265.00
18	LIQ. LIVNOX - DS	(Ferrous Gluconate 400 mg + Ferrous Chloride 160 mg + Thiamine Hydrochloride 10 mg + Riboflavine 10 mg + Nicotinic Acid 40 mg + Nicotinamide 90 mg + Choline Chloride 60 mg + Calcium Lactate 600 mg + Liver Fraction2 300 mg + Silymarin 300 mg)	200 ML. (PLASTIC BOTTLE) <b>(*FEED)</b>	95.00
19	LIQ. LIVNOX - DS	(Ferrous Gluconate 400 mg + Ferrous Chloride 160 mg + Thiamine Hydrochloride 10 mg + Riboflavine 10 mg + Nicotinic Acid 40 mg + Nicotinamide 90 mg + Choline Chloride 60 mg + Calcium Lactate 600 mg + Liver Fraction2 300 mg + Silymarin 300 mg)	1000 ML (PLASTIC BOTTLE) <b>(*FEED)</b>	240.00

S.No.	PRODUCTS	COMPOSITIONS	PACKING	M.R.P
20	LIQ. LIVNOX - DS	(Ferrous Gluconate 400 mg + Ferrous Chloride 160 mg + Thiamine Hydrochloride 10 mg + Riboflavine 10 mg + Nicotinic Acid 40 mg + Nicotinamide 90 mg + Choline Chloride 60 mg + Calcium Lactate 600 mg + Liver Fraction2 300 mg + Silymarin 300 mg)	5000 ML. (PLASTIC BOTTLE) <b>(*FEED)</b>	<b>1150.00</b>
21	INJ. MELOVIX <sup>(TM)</sup>	(Meloxicam 5mg./ml. Injection)	30 ML. VAIL (GLASS BOTTLE)	62.00
22	INJ. MELOVIX <sup>(TM)</sup>	(Meloxicam 5mg./ml. Injection)	100 ML (GLASS BOTTLE) MULTIDOSE VAIL	96.00
23	BOLUS MELOVIX <sup>(TM)</sup> -P	(Meloxicam 100 mg. + Paracetamol 1500 mg.)	10X1X4'S BOLUS BLISTER PACKING (11 PER BOLUS)	<b>520.00</b>
24	INJ. MELOVIX <sup>(TM)</sup> -P	(Meloxicam 5 mg. + Paracetamol 150 mg.)	30 ML. VAIL (GLASS BOTTLE)	68.00
25	INJ. MELOVIX <sup>(TM)</sup> -P	(Meloxicam 5 mg. + Paracetamol 150 mg.)	100 ML (GLASS BOTTLE)	165.00
26	INJ. NEUROVAX - PLUS	(Methylcobalamin 500 mcg. + Pyridoxine Hydrochloride 50 mg. + Nicotinamide 50 mg. / ml.)	50 ML. (GLASS BOTTLE) MULTIDOSE VAIL	450.00
27	SUS. OXYVIX	(Levamisole 1.5% + oxyclozanide 3% )	90 ML WITH CAVER	150.00
28	INJ. PREGVIX-750 MG	(Hydroxy Progesterone Caproate 250 mg.)	3 ML. + DISPO PACK	148.00
29	INJ. PREGVIX-1000 MG	(Hydroxy Progesterone Caproate 250 mg.)	4 ML. + DISPO PACK	198.00
30	BOLUS TONOVIX	(Live Yeast Culture 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) <b>(*FEED)</b>	<b>720.00</b>
31	LIQ. UTROVIX	(Ecboolic & Uterine Tonic)	1000 ML (PLASTIC BOTTLE) <b>(*FEED)</b>	220.00
32	TAB. VANZOLE <sup>(TM)</sup> -150	(Fenbendazole 150 mg.)	10X10'S TAB. BLISTER PACKING (4.50 PER TAB.)	450.00
33	BOLUS VANZOLE <sup>(TM)</sup> - 1500	(Fenbendazole 1500 mg.)	10X1X2'S BOLUS BLISTER PACKING (24 PER BOLUS)	480.00
34	BOLUS VANZOLE <sup>(TM)</sup> - 3000	(Fenbendazole 3000 mg.)	10X1X2'S BOLUS BLISTER PACKING (48 PER BOLUS)	960.00
35	INJ. VITAVIX	(Vitamin A, D3, E & H Injection)	10 ML (GLASS BOTTLE)	148.00
36	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. PACKET <b>(*FEED)</b>	210.00
37	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. PACKET <b>(*FEED)</b>	960.00
38	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. VAIL (GLASS BOTTLE)	57.00
39	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 (GLASS BOTTLE) MULTIDOSE VAIL	140.00
40	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 (ALUMINIUM BOTTLE) <b>(*FEED)</b>	1040.00
41	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)	250 ML. <b>(*FEED)</b>	580.00
42	BOLUS VOFEN-PLUS	(Aceclofenac 500 mg. + Paracetamol 1500 mg.)	10X1X4'S BOLUS BLISTER PACKING (14.50 PER BOLUS)	580.00
43	BOLUS ZOLID-PLUS	(Nimesulide 400 mg. + Paracetamol 1500 mg.)	10X1X4'S BOLUS (9 PER BOLUS)	360.00

S.No.	PRODUCTS	COMPOSITIONS	PACKING	M.R.P
44	INJ. ZOMOX-SL 3000	(Amoxycillin 2000 mg. + Sulbactam 1000 mg.)	20 ML. VAIL +10 ML. WFI	296.00
45	INJ. ZOMOX-SL 4500	(Amoxycillin 3000 mg. + Sulbactam 1500 mg.)	30 ML. VAIL + 20 ML. WFI	346.00
46	INJ. ZOVCEF <sup>(TM)</sup> -3000	(Ceftriaxone 3000 mg. Injection)	30 ML. VAIL +10 ML. WFI	175.00
47	INJ. ZOVCEF <sup>(TM)</sup> -4000	(Ceftriaxone 4000 mg. Injection)	20 ML. VAIL + 20 ML. WFI	220.00
48	INJ. ZOVCEF <sup>(TM)</sup> -SL 3000	(Ceftriaxone 2000 mg. + Sulbactam 1000 mg.)	30 ML. VAIL +10 ML. WFI	192.00
49	INJ. ZOVCEF <sup>(TM)</sup> -SL 4500	(Ceftriaxone 3000 mg. + Sulbactam 1500 mg.)	30 ML. VAIL +20 ML. WFI	285.00
50	INJ. ZOVCEF <sup>(TM)</sup> -XL 3.375	(Ceftriaxone 3000 mg. + Tazobactam 375 mg.)	20 ML. VAIL +20 ML. WFI	372.00
51	BOLUS ZOVCEC - 80	(Ivermectin 80 mg.)	10X1X2'S BOLUS BLISTER PACKING (22.50 PER BOLUS)	450.00
52	INJ. ZOVECT <sup>(TM)</sup>	(Ivermectin 1.0% Injection (10 mg each ml.)	10 ML (GLASS BOTTLE)	120.00
53	INJ. ZOVECT <sup>(TM)</sup>	(Ivermectin 1.0% Injection (10 mg each ml.)	100 ML (GLASS BOTTLE) MULTIDOSE VAIL	680.00
<b>ECTOPARASITICIDES PRODUCTS</b>				
55	INJ. AMIZOX	(Amitarz 125 mg/ml)	15 ML (Aluminum Bottle)	85.00
56	INJ. DELVIX	(Deltamethrin 12.5 mg/ml)	15 ML (Aluminum Bottle)	50.00
57	INJ. DELVIX	(Deltamethrin 12.5 mg/ml)	50 ML (Aluminum Bottle)	130.00
58	INJ. DROZAX - C	(Cypermethrin-High Cls 100 gm/Litre)	15 ML (Aluminum Bottle)	48.00
59	INJ. DROZAX - C	(Cypermethrin-High Cls 100 gm/Litre)	50 ML (Aluminum Bottle)	125.00
60	LOTION DROZAX - F	(Flumethrin 10 mg/ml)	30 ML (Plastic Bottle)	120.00
<b>ON DEMAND</b>				
1	SYP ALVIX	(Albendazole 25mg each ml.)	30 ML.	42.00
2	INJ. ZOVECT <sup>TM***</sup>	(Ivermectin 1.0% Injection (10 mg each ml.)	50 ML. (GLASS BOTTLE) MULTIDOSE VAIL	460.00
3	INJ. ZOLID-MF	(Mefenamic Acid 50 mg + Paracetamol 150 mg)	30 ML. VAIL (GLASS BOTTLE)	50.00



## **TERMS & CONDITIONS**

**1.Changes in prices/with 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.****Mobile:****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:**