



## 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. 01-10-2018**

S.No.	PRODUCTS	COMPOSITIONS	PACKING	M.R.P
1	INJ. ALVERIN - 100 ML	(Chlorpheniramine Maleate 10mg/ml)	100 ml. Multidose Vial	60.00
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. <b>(*FEED)</b>	215.00
6	LIQ. CALVIX - 2000 ML	''	2 Ltr. <b>(*FEED)</b>	310.00
7	LIQ. CALVIX - 5000 ML	''	5 Ltr. <b>(*FEED)</b>	585.00
8	LIQ. CALVIX - 6000 ML	''	6 Ltr. <b>(*FEED)</b>	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 <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 (17.50 PER BOLUS) <b>(*FEED)</b>	350.00
12	DERMITOP SPRAY	(Herbal Aerosol Spray)	100 ml	148.00
13	INJ. ENORVIX <sup>(TM)</sup>	(Enrofloxacin 10% Injection (100 mg each ml.))	30 ml. Vial	130.00
14	INJ. ENORVIX <sup>(TM)</sup>	(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. <b>(*FEED)</b>	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. <b>(*FEED)</b>	1050.00
17	INJ. MELOVIX <sup>(TM)</sup>	(Meloxicam 5mg./ml. Injection)	30 ml. Vial	62.00
18	INJ. MELOVIX <sup>(TM)</sup>	(Meloxicam 5mg./ml. Injection)	100 ml. Multidose Vial	<b>96.00</b>
19	BOLUS MELOVIX <sup>(TM)</sup> -P	(Meloxicam 100 mg. + Paracetamol 1500 mg.)	10X1X4'S Bolus (11 PER BOLUS)	440.00

20	INJ. MELOVIX <sup>(TM)</sup> -P	(Meloxicam 5 mg. + Paracetamol 150 mg.)	30 ml	60.00
21	INJ. MELOVIX <sup>(TM)</sup> -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) <b>(*FEED)</b>	640.00
26	LIQ. UTROVIX	(Ecbolec & Uterine Tonic)	1000 ml. <b>(*FEED)</b>	194.00
27	TAB. VANZOLE <sup>(TM)</sup> - 150	(Fenbendazole 150 mg.)	10X10'S TAB. (4.50 PER TAB.)	450.00
28	BOLUS VANZOLE <sup>(TM)</sup> - 1500	(Fenbendazole 1500 mg.)	10X1X2'S Bolus (24 PER BOLUS)	480.00
29	BOLUS VANZOLE <sup>(TM)</sup> - 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. <b>(*FEED)</b>	<b>210.00</b>
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. <b>(*FEED)</b>	665.00
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. <b>(*FEED)</b>	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. <b>(*FEED)</b>	1040.00

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	276.00
41	INJ. ZOMOX-SL 4500	(Amoxycillin 3000 mg. + Sulbactam 1500 mg.)	30 ml. Vial + 20 ml. WFI	346.00
42	INJ. ZOVCEF <sup>(TM)</sup> -3000	(Ceftriaxone 3000 mg. Injection)	30 ml. Vial + 10 ml. WFI	165.00
43	INJ. ZOVCEF <sup>(TM)</sup> -4000	(Ceftriaxone 4000 mg. Injection)	20 ml. Vial +20 ml. WFI	220.00
44	INJ. ZOVCEF <sup>(TM)</sup> -SL 3000	(Ceftriaxone 2000 mg. + Sulbactam 1000 mg.)	30 ml. Vial + 10 ml. WFI	180.00
45	INJ. ZOVCEF <sup>(TM)</sup> -SL 4500	(Ceftriaxone 3000 mg. + Sulbactam 1500 mg.)	30 ml. Vial + 20 ml. WFI	270.00
46	INJ. ZOVCEF <sup>(TM)</sup> -XL 3.375	(Ceftriaxone 3000 mg. + Tazobactam 375 mg.)	20 ml. Vial + 20 ml. WFI	350.00
47	BOLUS ZOV CET - 80	(Ivermectin 80 mg.)	10X1X2'S Bolus (22.50 PER BOLUS)	450.00
48	INJ. ZOVECT <sup>(TM)</sup>	(Ivermectin 1.0% Injection (10 mg each ml.)	10 ml	120.00
49	INJ. ZOVECT <sup>(TM)</sup>	(Ivermectin 1.0% Injection (10 mg each ml.)	50 ml. Multidose Vial	460.00
50	INJ. ZOVECT <sup>(TM)</sup>	(Ivermectin 1.0% Injection (10 mg each ml.)	100 ml. Multidose Vial	680.00
<b>ECTOPARASITICIDES PRODUCTS</b>				
51	INJ. AMIZOX	(Amitarz 125 mg/ml)	15 ml	<b>85.00</b>
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
<b>Promotional &amp; New Products</b>				



## **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:**