REPORT

THIRD PARTY EVALUATION OF REVAMPED PHARMACEUTICALS TECHNOLOGY UPGRADATION ASSISTANCE SCHEME (RPTUAS)

Goverment Of India

Submitted to
Department of Pharmaceuticals
Ministry of Chemicals and Fertilisers
Government Of India

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We hope that the findings and recommendations of this study will enable the Department of Pharmaceuticals to further strengthen the RPTUAS.

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Acronyms

AHU	Air Handling Unit
CDSCO	Central Drugs Standard Control Organisation
DoP	Department of Pharmaceuticals
DPI	Development of Pharmaceutical Industries
ETP	Effluent Treatment Plants
FGD	Focus Group Discussion
GMP	Good Manufacturing Practices
HVAC	Heating, Ventilation, and Air Conditioning.
IIPA	Indian Institute of Public Administration
KPI	Key Performance Indicators
MSMEs	Micro, Small & Medium Enterprises
PMPDS	Pharmaceutical & Medical Devices Promotion and Development Scheme
PMA	Project Management Agency
PMC	Project Management Consultant
QC	Quality Control
RPTUAS	Revamped Pharmaceuticals Technology Upgradation Assistance Scheme
SSC	Scheme Steering Committee

Executive Summary

1. The 'Revamped Pharmaceuticals Technology Upgradation Assistance Scheme (RPTUAS)', the rechristened PTUAS, seeks to facilitate upgradation of technology of Indian pharmaceutical industry to ensure its alignment with global standards. The revised guidelines were issued on 14.03.2024 with a view to 'hand hold' existing Pharmaceutical units to upgrade to 'Revised Schedule-M' of the Drugs and Cosmetics Rule, 1945 as issued by the Ministry of Health and Family Welfare on 28.12.2023 and/or 'WHO-GMP' standards, enhancing the quality and safety of pharmaceutical products manufactured in the country. The Scheme has been further liberalized on 17.9.2024 to boost participation of pharmaceutical units by increasing incentive under the scheme from Rs 1 crore to Rs 2 crores and an addition of 'production equipment' under eligible activities. Online registration of pharma units interested in availing incentive under the Scheme was opened on 11.04.2024.
2. Under the Scheme, pharmaceutical units are currently eligible for incentive upto Rs. 2 crore per unit, depending upon average turnover during the last three years and investment made on eligible activities.
3. All investments made by pharmaceutical units for upgradation after 1.1.2024 on admissible activities are eligible for incentive under the scheme. Besides, the scheme allows integration with state government schemes, enabling units to benefit from additional top-up assistance. This collaborative approach aims to optimize support for the industry in their technology upgradation efforts. At the same time, a robust verification mechanism through a Project Management Agency (SIDBI being PMA) has been put in place to ensure transparency, accountability and the efficient allocation of resources.
4. Eligible activities under the Scheme include improvements in seven distinct categories namely (i) Utilities (HVAC, Water, Steam, Nitrogen & Compressed Air), (ii) Production Equipment, (iii) Testing Lab Instruments (Chemical & Microbiology), Stability chamber, (iv) Effluent treatment / Waste Management, (v) Consultation / Certification Expenses, (vi) Clean Room Facility and (vii) Any Other Item with the recommendation of the Technical Committee. The beneficiary pharmaceutical units are responsible for the operation and maintenance of assets created under the scheme. The assets thus

acquired are not to be disposed of, encumbered, or utilised for any purpose other than for which the funds are approved for five years.

5. For availing benefits under the scheme, Pharmaceutical units apply online in the prescribed proforma with a comprehensive report on 'gap analysis' in the existing manufacturing unit(s) for shortlisting under the scheme. The Scheme Steering Committee (SSC) considers the recommendations of the Project Monitoring Consultancy (PMC) regarding the incentive amount for each applicant, and 50% of the eligible amount (subject to an upper limit of Rs. 1 crore) is released by the DoP as first instalment within 30 days of obtaining requisite documents.
6. The outer limit on the incentive be augmented to ₹3 crores for only medium-sized segment of MSMEs that are making sizeable compliance-heavy investments, with appropriate justification and due diligence. The existing cap of ₹2 crore is good enough for smaller units and thus be continued for them.
7. Key features of the Scheme include (i) more inclusive approach to expand it beyond MSMEs to cover any pharmaceutical manufacturing unit with a turnover of less than 500 crores that requires technology and quality upgradation, (ii) Flexible Financing Options, emphasizing subsidies on reimbursement basis, over traditional credit-linked approach. This flexibility is designed to diversify the financing options of the participating units, facilitating a more widespread adoption of the scheme, (iii) Comprehensive Support for Compliance with New Standards in alignment with revised Schedule-M and WHO-GMP standards.
8. Out of a total 10,563 pharmaceutical units in the country[1], 8174 or 77.4% manufacture 'formulation' drugs and remaining 22.6% are engaged in manufacturing of bulk drugs. Of the total units, about 2000 units meet global standards, being revised Schedule M /WHO-GMP certified.
9. Further, out of approx. 6500 pharma units in SMEs sector, 1470 units have submitted plan to upgrade their GMP Status to make them compliant to revised Schedule M.
10. Number of pharmaceutical manufacturers in the country that needs technology upgradation is estimated at 7093 units including 5030 SMEs units. Existence of such a large number of pharma manufacturers without requisite standards in vogue raise

[1] *Directory of Pharmaceutical Manufacturing Units in India brought out by NPPA*

the issue of quality of drugs produced in the country. Sure enough, they are required to be nudged to submit plan to align themselves with the revised schedule M.

11. There have been a string of incidents where some countries have reported contamination in India-manufactured syrups, eye-drops, and eye ointments. The deaths of 70 children in the Gambia, 18 children in Uzbekistan, 3 persons in the United States, and 6 deaths in Cameroon have been alleged to substandard drugs produced in and exported by Indian pharmaceutical manufacturers.

12. Major Changes in Revised Schedule M includes introduction of a pharmaceutical quality system, which emphasizes the establishment of a comprehensive quality management system throughout the manufacturing process, ensure consistency in quality and processes, conduct of stability studies based on climate conditions, use of computerized systems which are designed to prevent data tampering, unauthorized access, and omission of data. They also automatically record all steps and checks to ensure adherence to processes without any tampering.

13. Many pharmaceutical units, especially in small ones (of MSME sector), struggle to meet the revised Schedule-M standards and/or WHO-GMP certifications to transform from their current manufacturing practices to higher quality standards. Awareness, willingness and ability are three pre-requisites for this transition. Based on interactions with Office bearer of pharma manufacturers Association, Focus Group Discussions (FGDs) and other stakeholders, it emerged that lack of awareness, particularly amongst small manufacturers, 'unfriendly' incentive structure of RPTUAS, and 'compliance burden' are the issues that need to be addressed fully to nudge manufacturers to align themselves with revised Schedule M / WHO-GMP.

14. To address the issue of awareness about advantages of the Scheme, it is recommended that the DoP may organize promotional outreach events across States/UTs periodically, not just once in a while, resort to media advertisements and publicity about the Scheme in pharma hubs through Associations, create suitable Training modules, impart training, organise workshops from time to time to streamline the process to nudge a large number of pharma units to upgrade the technology. This will go a long way in building their capacity to align the quality with

global standards. In the process, their competitiveness, both in domestic and international markets, would augment and consequently their profitability levels would also increase.

15. 'Compliance' burden' under RPTUAS emanates from the necessity of uploading of a large number of documents at various stages of online registration of the units before they can claim benefits under the Scheme. The list of all documents that are required to be uploaded is not known to prospective beneficiaries upfront in one go. They get to know of requirements of various documents at different stages of registration. They are tested the most when they are near the completion of registration, get tired to yield to the thought of abandoning the process. It is, therefore, recommended that relevant software be simplified to make it user-friendly.

16. Establishment of single-window clearance systems for pharmaceutical units can improve their coverage under the scheme. Fast-track approval mechanisms for RPTUAS beneficiaries need to be prioritised. The Scheme has a considerable potential to expand if process is streamlined, compliance burden is reduced and more awareness about the scheme is created.

17. Some other manufacturing units are not able to upgrade their facilities under RPTUAS due to financial constraint as the incentive is released on 'reimbursement' basis in the sense that one has to make investment first and claim benefit of incentive under the Scheme later. Time lag between the investment made and actual disbursement of incentive is considerable, as may be seen from the fact that disbursement of actual incentive has not been made to any unit during last 15 months (ending 30 June, 2025). Although 142 Units have received the sanction order of incentive, but the fact remains that none is reported to have received the actual disbursement. It is recommended to reduce the time lag in disbursement of incentive in a pre-determined timelines and streamline the scheme.

18. To make the existing incentive structure under the Scheme more attractive, it is recommended to : (i) the incentive rates under the scheme be increased by 10 percentage points in each of the three slabs (increasing to 30%, 25% and 20% from 20%, 15%, and 10% respectively, only for eligible MSME units) (ii) the outer limit on

the incentive be augmented to ₹3 crores for only medium-sized segment of MSMEs that are making sizeable compliance-heavy investments, with appropriate justification and due diligence. In so far as 'small' segment of MSMEs is concerned, the existing cap of ₹2 crore is good enough for such units and thus be continued for them. (iii) Also, since businesses with an annual turnover of greater than ₹250 crore have been subject to the GMP norms for several years and are likely to have the resources and capital to comply independently, it may be appropriate to exclude this category of business from eligibility for incentives. This way, the scheme may be better able to target units that are truly constrained from upgrading and promote better use of public resources.

19. As many as 273 pharmaceutical units across twenty states/UTs had applied for availing benefits for technology upgradation of their respective units. Of these, approval of aggregate investment amounting to Rs. 948.14 crores has been accorded to 142 Units.
20. Out of 142 Units in respect of whose investments have been approved, 78 percent of units are located in seven states. These are Himachal Pradesh (23%), followed by Gujarat (21%) Maharashtra (11%), Uttarakhand (9%), West Bengal (6%), Karnataka, M.P. and A.P. (4% each).
21. A tangible achievement of RPTUAS is grant of revised Schedule M or WHO-GMP (or both) to 22 Pharma Units who were sanctioned incentives, aggregating to Rs 19.53 crores. These 22 Units are spread across 10 states namely Himachal Pradesh (6), Maharashtra (4), Andhra Pradesh, Haryana, Punjab, Tamil Nadu (2 each), Bihar, Gujarat, Madhya Pradesh and Telangana (1 each).
22. The RPTUAS demonstrates significant potential for transforming India's pharmaceutical sector, as evidenced by success stories of 22 Pharma Units who have been granted either revised schedule M or WHO-GMP standards (or both) during last 15 months (from 14.03.2024 to 30.06.2025). Grant of revised Schedule M / WHO-GMP certification indicates that the concerned manufacturing units have successfully upgraded their manufacturing processes, quality control systems, infrastructure, and operational procedures to meet stringent standards. Alignment of these Units with global standards by upgradation of technology enhances the quality and safety of pharmaceutical products manufactured in the country. It is expected that this will

augment the demand of their products, and improve global competitiveness of the Indian pharmaceutical industry.

23. Although a total investment of Rs. 948.14 crores was approved for 142 Units, these Units had proposed an investment of Rs 1225.55 crores. Implicit in it is that Rs. 277.41 crores constituting 22.6% of the proposed investment was not covered within admissible activities.
24. A concomitant advantage of RPTUAS is found to be its impact on additional employment generation by pharmaceutical units as a result of their efforts to upgrade the units under RPTUAS. The Scheme has generated additional employment in varying magnitudes, the least being 6 percent in West Bengal to the highest at 70 percent in Kerala during 2024-2025. Overall average additional employment created as a result of technology upgradation is 13 percent during 2024-2025.
25. A total amount, aggregating to Rs 136.77 crores of incentives has been sanctioned to 142 units across 20 states, average incentive being Rs. 0.96 crore per unit. Of the total incentive, the highest was to the units in Himachal Pradesh (25%) followed by Gujarat (17%), Maharashtra (14%), Uttarakhand (9%), M.P. (6%), Karnataka and West Bengal (5% each). These seven states accounted for 80% of total incentive sanctioned.
26. There are three slabs of incentives under the scheme viz. 20%, 15% and 10% depending upon turnover and investment. The average incentive per unit was the highest admissible at 20% in cases of seven states viz. J&K, Assam, Kerala, UP, Chandigarh, Bihar and Haryana. This suggests that size of units is these states is relatively smaller in contrast to those in Maharashtra and A.P. where average incentive works out in the range of 10% to 12% of approved investment. Overall, average incentive across all 20 States/UT works out to 14% of approved investment.
27. Out of 126 units have not been able to complete the Project of upgradation of technology, four-fifths (79%) of these incomplete Projects are in 4 states *viz*. Gujarat (31%), Himachal Pradesh (22%), Maharashtra (20%), and Uttarakhand (6%). DoP may consider reaching out to them to expedite the process so that they can also make enhanced contribution to overall growth of Pharmaceutical industry in the country.
28. DoP had conducted the First Pharmaceutical Census in India in collaboration with MSME, by designing a sound Statistical questionnaire on pharma. This questionnaire was included in MSME Census about 17 years ago. It was a low cost endeavor, given

that MSME had borne ‘fixed cost’ while DoP incurred only ‘incremental variable cost’ of the Census. It came out with useful insights into Pharma Units. A similar exercise may be undertaken to deepen the insights and foresights into the structure, composition and spread of the Industry. This is a prerequisite for reducing, if not eliminating, dependence of India on China for its key APIs supplies.

29. Creation of export promotion cells within pharmaceutical clusters is required by establishing international market intelligence and research support, and also by developing partnerships with global pharmaceutical distributors.
30. The RPTUAS directly contributes to multiple Sustainable Development Goals, particularly SDG 3 (Good Health and Well-being) by ensuring access to quality, safe, effective and affordable medicines, SDG 8 (Decent Work and Economic Growth) through job creation and industrial development in the pharmaceutical sector and SDG 9 (Industry, Innovation and Infrastructure) by fostering technological upgradation and building resilient pharmaceutical infrastructure that supports sustainable industrialization and innovation. As such, the scheme is aligned with SDGs numbers 3, 8 and 9.
31. Based on the analytical rigour of this Third-Party Evaluation study, it emerges that the RPTUAS will contribute to pharmaceutical industry’s growth and alignment with global manufacturing standards. Accordingly, it is recommended that DOP may continue supporting the pharmaceutical industry through RPTUAS which is critical to the Nation’s Good Health and Well-being.

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Chapter 1: An Overview

1.1. The 'Revamped Pharmaceuticals Technology Upgradation Assistance Scheme (RPTUAS)', the rechristened PTUAS, seeks to facilitate upgradation of technology of Indian pharmaceutical industry to ensure its alignment with global standards. The revised guidelines were issued on 14.03.2024 to 'hand hold' existing Pharmaceutical units to upgrade to 'Revised Schedule-M' of the Drugs and Cosmetics Rule, 1945 as issued by the Ministry of Health and Family Welfare on 28.12.2023 / 'WHO-GMP' standards, enhancing the quality and safety of pharmaceutical products manufactured in the country. The Scheme has been further liberalised on 17.09.2024 to boost participation of pharmaceutical units by increasing incentive under the scheme from Rs 1 crore to Rs 2 crores and adding of 'production equipment' under eligible activities. Documentation was made easy by deleting certain redundant requirements before the gap analysis. Online registration of pharmaceutical units interested in availing incentive under the Scheme was opened on 11.04.2024.

1.2. Under the Scheme, pharmaceutical units are currently eligible for incentive upto Rs. 2 crore per unit, depending upon average turnover during the last three years and investment as detailed in the following table1.1:

Table 1.1 Structure of Incentive under RPTUAS

Turnover	Incentives
(i) Turnover from Rs 1.00 crore to less than Rs. 50 crore	20% of investment under eligible activities
(ii)Turnover from Rs. 50 crore to less than Rs. 250 crore	15% of investment under eligible activities;
(iii) Turnover from Rs. 250 crore to less than Rs. 500 crore	10% of investment under eligible activities

1.3. All investments made by pharmaceutical units for upgradation after 1st January, 2024 on admissible activities are eligible for incentive under the scheme. Besides, the scheme allows integration with state government schemes, enabling units to benefit from additional top-up assistance. This collaborative approach aims to optimise

support for the industry in their technology upgradation efforts. At the same time, a robust verification mechanism through a Project Management Consultancy (SIDBI being PMC) has been put in place to ensure transparency, accountability and the efficient allocation of resources.

1.4. For availing benefits under the scheme, pharmaceutical units apply online in the prescribed proforma with a report on 'gap analysis' in the existing manufacturing unit(s) for shortlisting under the scheme. The Scheme Steering Committee (SSC) considers the recommendations of the PMC regarding the incentive amount for each applicant, and 50% of the eligible amount (subject to an upper limit of Rs. 1 crore) is released by the DoP as first instalment within 30 days of obtaining requisite documents.

1.5. 50% of the eligible amount (subject to an upper limit of Rs. 1 crore) is released by the Department of Pharmaceuticals (DoP) as first instalment within 30 days of obtaining requisite documents i.e. Revised Schedule M certificate. Thereafter, remaining 50% of eligible amount subject to a maximum of Rs. 1.00 crore is released as second and final installment on submission of requisite WHO-GMP certificate and CA certified expenditure incurred after 1.1.2024 on eligible activities under the scheme.

1.6. Key features of the Scheme includes (i) more inclusive approach to expand it beyond MSMEs to cover any pharmaceutical manufacturing unit with a turnover of less than 500 crores that requires technology and quality upgradation. Notwithstanding this, preference remains for MSMEs, supporting smaller players in achieving high-quality manufacturing standards, (ii) Flexible Financing Options, emphasizing subsidies on reimbursement basis, over traditional credit-linked approach. This flexibility is designed to diversify the financing options of the participating units, facilitating a more widespread adoption of the scheme, (iii) Comprehensive support for compliance with new standards in alignment with revised Schedule-M and WHO-GMP standards

1.7. Background of the scheme

The 'Revamped Pharmaceutical Technology Upgradation Assistance Scheme (RPTUAS)' represents a transformative initiative designed to catapult India's pharmaceutical sector into the global arena of excellence. This comprehensive scheme provides critical financial incentives to pharmaceutical manufacturing units, enabling them to transition from the existing Schedule M to revised Schedule M/WHO-GMP standards. The scheme addresses a fundamental challenge faced by Indian pharmaceutical manufacturers: the significant financial burden associated with upgrading manufacturing facilities, implementing advanced quality control systems and achieving stringent international compliance requirements.

1.8. The revised Schedule M / WHO-GMP certification represents high standards in pharmaceutical manufacturing, ensuring that products meet the global benchmarks of quality, safety, and efficacy recognised worldwide. This certification opens doors to international markets, including the European Union, the United States, and other regulated markets that demand stringent manufacturing standards. The ripple effects of this scheme extend far beyond individual companies – it strengthens India's position as the "Pharmacy of the World," enhances export revenues, creates high-skilled employment opportunities and builds a robust foundation for pharmaceutical innovation. By facilitating these units to align with global standards, RPTUAS transforms these manufacturers from local suppliers into international competitors, ultimately contributing to India's vision of self-reliance in pharmaceuticals while establishing the country as a trusted source of high-quality medicines.

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Chapter 2: Methodology and Data

2.1. The third party evaluation study has been conducted following the template prepared by the NITI Aayog, vetted by the Department of Expenditure and the scheme guidelines provided by the Department of Pharmaceuticals. In addition, the research team of IIPA has used several resources for conducting this study, which include literature review, budget outlay, secondary data on production, National Accounts, trade, interaction with the officials of the Department and pharmaceutical manufacturers. This third party evaluation report on the RPTUAS provides comprehensive information pertaining to the implementation, structure and design of the Scheme, wherefrom the recommendations have also flowed.

2.2. Sampling size and sample collection process

Sample Size: A sample of 54 Units were selected for the purpose (List of respondents at Annexure-I). Primary data was collected in the form of a questionnaire by means of hybrid approach. It included canvassing the questionnaire personally to pharmaceutical manufacturers, organizing Focused Group Discussions (FGDs), holding virtual meetings online and also holding interactions with them telephonically.

2.3. Sampling Frame: All units who have intended to avail incentive under the RPTUAS.

2.4. The primary data collection was conducted through in-person visits to the selected firms' facilities. This approach was chosen to ensure direct observation of operational processes, facilitate face-to-face interactions with key stakeholders, and enable real-time clarification of responses. Overall, the information obtained from the Questionnaire helped us identify key bottlenecks that the scheme needs to address and also measure whether the scheme can meet its objectives.

2.5. A random sampling was adopted to ensure representativeness and minimise selection bias. From the population of sanctioned applicants, two firms were randomly selected using a probability sampling method, ensuring that each eligible firm had an equal chance of being included in the study. The selection criteria included firms that had

successfully completed the Projects. This approach was designed to capture diverse perspectives and experiences from the target population while maintaining methodological rigour.

2.6. Before conducting field visits, comprehensive preparatory measures were undertaken to ensure collection of relevant and quality data. The study team established formal communication channels with the selected units, providing advance notification about the research visit and its objectives. This pre-visit communication served multiple purposes: it ensured the availability of key personnel, facilitated scheduling of appropriate meeting times, and allowed the firms to prepare relevant documentation and information.

2.7. The transparent and professional approach of visits and data collection helped establish trust and cooperation between the research team and the participating organizations.

2.8. During each visit, the research team engaged with multiple levels of organisational hierarchy to obtain comprehensive insights. The presence and participation of both staff members and senior executive leadership were actively sought and secured. This multi-level engagement strategy ensured that diverse perspectives were captured, ranging from operational-level insights to strategic management viewpoints.

2.9. Structured interviews were conducted using a predetermined questionnaire designed to address the study's research objectives. Specific, targeted questions were posed to the participants, and detailed responses were systematically recorded. The research team employed active listening techniques and follow-up questioning to ensure a comprehensive understanding of the participants' perspectives.

2.10. Several challenges were encountered during the data collection process that required adaptive strategies. Notably, the laboratory owners and senior management personnel demonstrated a strong focus on their day-to-day operational responsibilities and expressed preferences for expedited completion of the interview sessions. This operational urgency was understandable given the demanding nature of their business environment. Recognising the time constraints while maintaining the integrity of the research process, the study team implemented

flexible data collection strategies. This included adjusting interview schedules to accommodate the participants' operational priorities, conducting brief but focused sessions, and following up with additional questions when necessary to ensure complete data capture.

2.11. The research team demonstrated persistence and professionalism in obtaining the required information, recognising the critical importance of this study for broader policy and academic understanding. When initial responses were insufficient for the study's analytical requirements, the team employed follow-up techniques, including structured follow-up questions and requests for specific data points and documentation.

2.12. The study encompassed a comprehensive review of projects identified within a specific timeframe. The methodology prioritized the quality and depth of information over the quantity of respondents, ensuring that the collected data would provide meaningful insights into the subsidy program's impact and effectiveness.

2.13. The field visits were conducted systematically, with each visit lasting sufficient time to gather comprehensive information while respecting the operational constraints of the participating organisations. This balanced approach ensured both research quality and participant cooperation throughout the data collection process.

2.14. Revised Schedule-M / WHO-GMP Certification. This Key Performance Indicator (KPI) represents a critical quality and regulatory compliance measure that evaluates the pharmaceutical manufacturing facilities' adherence to international quality standards.

2.15. Schedule-M refers to the Indian regulatory framework governing good manufacturing practices for pharmaceutical products, while WHO-GMP represents the global standard Revised Schedule-M / WHO-GMP certification indicates that participating firms have successfully upgraded their manufacturing processes, quality control systems, infrastructure, and operational procedures to meet stringent international standards. This certification not only ensures product quality and safety but also enhances the firm's credibility in both domestic and international markets. The subsidy program's impact on this KPI is measured through the number of facilities

achieving certification, the time taken to achieve compliance, and the sustainability of these standards post-implementation.

2.15.1. Production of Medicines at World Standard Level

This KPI evaluates the quality and standard of pharmaceutical products manufactured by participating firms, focusing on their alignment with international quality benchmarks and regulatory requirements. World-standard medicine production encompasses adherence to stringent quality control protocols, implementation of advanced manufacturing technologies, compliance with international pharmacopoeia standards and maintenance of consistent product quality across all production batches. The measurement includes assessment of product quality parameters, rejection rates, batch consistency, stability testing results, and compliance with international regulatory requirements. This indicator reflects the scheme's success in upgrading manufacturing capabilities, implementing quality assurance systems, and producing pharmaceutical products that meet global standards for safety, efficacy, and quality.

2.15.2. Multiple Issues

The "Multiple Issues" represents a broad-based evaluation framework that captures various interconnected benefits and challenges arising from the subsidy scheme implementation. This comprehensive KPI includes several sub-indicators such as employment generation, technology transfer and innovation adoption, environmental compliance and sustainability practices, supply chain optimization and vendor development, regulatory compliance improvements and market positioning enhancement. Additionally, it encompasses capacity utilisation improvements, operational efficiency gains, cost optimisation achievements, and strategic partnerships development. This multifaceted indicator also addresses implementation challenges, including project delays, resource constraints, regulatory hurdles, market competition issues, and sustainability concerns. The assessment of multiple issues provides a holistic view of the scheme's impact, capturing both quantitative improvements and qualitative changes in

organisational capabilities, market positioning, and long-term sustainability prospects.

2.16. Evaluation tools

The evaluation tools in the study were employed suitably to analyse the performance of the scheme. The performance was gauged based on output and outcome indicators. Keeping in view the objectives, the effectiveness of the incentives under the Scheme was evaluated in terms of accomplishment of the Objectives.

2.17. Data collection tools

Data collection tools used in the third-party evaluation of the scheme included (i) questionnaire, (ii) In-depth interview, (iii) Observation and (iv) Focus Group Discussion (FGD). The research tools that enhanced the third-party evaluation are as under:

2.17.1. Questionnaire: The questionnaire was designed for the owners of the lab. The contents in the Questionnaire pertaining to the beneficiaries include the basic profile of the lab (MSME) and prevailing financial conditions before and after the implementation of RPTUAS. Process-related and multiple issues were identified to identify the opportunities and crises generated along with the coverage and effectiveness of the scheme and the challenges it faced. A total of two MSME firms were physically verified. However, information was garnered through VC interaction.

2.17.2. In-depth interview: In depth interview was conducted with the heads of the labs, which helped in providing comprehensive details regarding the objective, structure, implementation and the existing challenges of the scheme. The minutes of the discussion immensely contributed to the findings of the study.

2.17.3. Observation: Key observations were made during the course of incorporating the responses in the Questionnaire of the labs' owners. The observations drawn from the responses provided deep insights into the implementation and the benefits experienced by firms (MSMEs)/units. The in-depth interview with the lab heads enhanced the qualitative findings.

2.17.4. Focus Group Discussions: A Focus Group Discussion (FGD) was conducted with the employees working in firms at different levels. The focus group discussion sought to assess the status of employees in terms of their retention and overall

satisfaction. The FGD enabled us to know the nuances pertaining to the existing Schedule M to revise Schedule M/WHO-GMP, followed by a gap analysis.

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Chapter 3: Objectives and Scheme Architecture

3.1. Objectives

The objective of RPTUAS is to facilitate existing pharma units to upgrade their technology and manufacturing processes to meet the Revised Schedule M/ WHO-GMP standards. The incentive scheme aims at reducing the financial burden and facilitate pharmaceutical manufacturing Units to undertake technological upgradation. The RPTUAS makes the transition financially viable, enabling them to invest in advanced manufacturing infrastructure, advanced quality control systems and comprehensive compliance framework while ensuring their financial stability.

3.2. Eligible activities under the Scheme include improvements in seven distinct categories namely (i) Utilities (HVAC, Water, Steam), (ii) Production Equipment, (iii) Testing Lab Instruments (Chemical & Microbiology), Stability chamber, (iv) Effluent treatment / Waste Management, (v) Consultation / Certification Expenses, (vi) Clean Room Facilities and (vii) Any Other Item with the recommendation of Technical Committee. Under the scheme, the beneficiary pharma unit is responsible for the operation and maintenance of assets. The assets thus acquired must not be disposed of, encumbered, or utilised for any purpose other than for which the funds are approved for five years. This initiative is part of the government's broader efforts to strengthen the pharmaceutical sector and ensure the production of high-quality medicines.

3.3. The revised Schedule-M / WHO-GMP certification enhances credibility of the Units to global markets, significantly enhancing their global competitiveness and enabling substantial expansion of market share in regulated pharmaceutical markets worldwide. With a financial outlay of Rs. 300.10 crores allocated for two years viz. 2024-25 and 2025-26, the scheme is poised to support eligible pharmaceutical units in their transformation endeavour. All investments made after 1.1.2024 on eligible activities are admissible for an incentive under the scheme.

3.4. The scheme's architecture/design includes existing pharmaceutical manufacturing units having an average turnover of less than Rs. 500 crores over the last three years. The investment made for upgradation after 1.1.2024 on specified items with the recommendation of the technical committee are considered for incentive under the scheme.

3.4.1. Sub-schemes/components

The RPTUAS is one of three sub-schemes under ''Strengthening of Pharmaceutical Industries (SPI)'. The scheme aims at facilitating technology upgradation of small and medium pharmaceutical units to upgrade their technology to Revised Schedule-M and World Health Organisation-Good Manufacturing Practices standards (WHO-GMP). The three sub-schemes under SPI are (i) Assistance to Pharmaceutical Industry for Common Facilities (APICF), (ii) Revamped Pharmaceutical Technology Upgradation Assistance Scheme (RPTUAS) and (iii) Pharmaceutical & Medical Devices Promotion and Development Scheme (PMPDS).

3.4.2. Present status with coverage of the scheme (operational/non-operational)

The coverage of scheme is all pharma units in all states/UTs. Number of pharmaceutical manufacturers in the country that needs technology upgradation is estimated at 7093 units including 5030 SMEs units. Existence of such a large number of pharma manufacturers without requisite quality standards in vogue raise the issue of quality of drugs produced in the country. They are required to be nudged to submit plan to align themselves with the revised schedule M.

3.5. There are 273 pharma units across 21 states in the country that have applied for availing the incentive under the Scheme.

3.6. Sustainable Development Goals (SDG) Served

The financial incentive under RPTUAS is specifically designed to facilitate the critical transition from the existing Schedule M to the revised Schedule M/WHO-GMP. The subsidy addresses existing pharma units to upgrade to revised Schedule M / WHO-GMP standards.

3.7. The acquisition of revised Schedule M certification through this scheme empowers pharmaceutical units to manufacture products that meet globally accepted standards of quality, safety and efficacy, thereby enhancing their market positioning and competitive capabilities. The RPTUAS directly contributes to multiple SDGs, SDG 3 (Good Health and Well-being) by ensuring access to quality, safe, effective and affordable medicines, SDG 8 (Decent Work and Economic Growth) through job creation and industrial development in the pharmaceutical sector, and SDG 9 (Industry, Innovation and Infrastructure) by fostering technological upgradation and building resilient pharmaceutical infrastructure that supports sustainable industrialization and innovation. As such, the scheme is aligned with SDGs 3, 8 and 9.

3.7.1. Year of Commencement of the Scheme

RPTUAS, the rechristened scheme came into being on 14 March, 2024 although its original version commenced in 2020-21.

3.7.2. Alignment with Viksit Bharat 2047 Vision

In fact, the 'Viksit Bharat 2047' agenda is a comprehensive vision plan by the Government of India, aiming to transform India into a developed nation by the year 2047, marking the 100th anniversary of its independence. The vision encompasses various aspects of development, including economic growth, social progress, environmental sustainability and good governance.

3.8. Ensuring accessible and quality healthcare services for all citizens, embracing and innovating technology for the nation's progress, and implementing sustainable practices and preserving natural resources for a cleaner and healthier environment are the key focus areas. The RPTUAS aligns itself with the key areas of Viksit Bharat. Aligning with Schedule M / WHO-GMP certification under the scheme enables pharmaceutical units to manufacture products meeting globally accepted standards of quality, safety and efficacy, thereby increasing their global competitiveness and market share. As such, the RPTUAS directly advances the Viksit Bharat @2047 goal by strengthening India's pharmaceutical manufacturing capabilities, enhancing export potential and establishing the foundation for India's emergence as a global pharmaceutical hub.

3.8.1. Fund Flow mechanism

The Pharma units apply online in the prescribed proforma for shortlisting under the scheme, with a gap analysis of the existing manufacturing units. The scheme Steering Committee (SSC) considers the recommendations of the PMC regarding the subsidy amount for each applicant, and 50% of the eligible amount (subject to an upper limit of Rs. 1 crore) is released by the DoP. No specific bank is linked as of now for the subsidy remittance. The company has to take a loan from any bank and submit the application. After the release of the amount, no specific inspection of the project is envisaged as expenditure statement certified by CA suffices to assess expenditure made in the plant. Regarding fulfilling requirements of Revised Schedule M, assessment done by CDSCO officials is considered as proof of attaining revised schedule M. Further, there is a technical Committee constituted under the scheme with experts from NIPER, CDSCO etc. to examine/offer technical guidance to the Department to process the proposal for the subsidy disbursement.

3.9. Budgetary allocation and Expenditure Pattern of the scheme

The budgetary allocation with regard to budget estimate, revised estimate and actual expenditure is populated as under:

Table 3.1 Budget Allocation and Expenditure Pattern of the RPTUAS

(Rs. in Crore)

FY	BE	RE	Actual
2024-25	₹ 150.00	₹ 150.00	₹ 0.00
2025-26	₹ 150.10	N.A.	₹ 0.00

3.9.1. The outbreak of COVID-19 virus has made various stakeholders realise the intrinsic value of the pharma sector and underlined the importance of developing a fully self-dependent industry. More the units are Schedule M/WHO-GMP certified, the better it would be for the overall growth of pharma industry. It would contribute in India's vision of Viksit Bharat by 2027.

3.9.2. The scheme has considerable externalities in terms of investment for quality improvement. Given a large number of firms yet to acquire revised Schedule M certification, the firms would be investing considerable amount in the range of several thousand crores, if it is implemented with good incentives. This would increase demand on ancillary sector, the medical device sector as well as other manufacturing industries. It would have additional demand on the construction and services sector. All this is likely to have multiplier effects on income and employment.

3.9.3. The WHO norms for participation in WHO prequalification are simple. Any manufacturer of Active Pharmaceutical Ingredients (APIs) and/or finished pharmaceutical products (FPPs) can express an interest in having its API or FPP products evaluated by WHO, provided those products are eligible for assessment. FPPs eligible for evaluation include both generic and innovator FPPs and FPPs that contain just one active ingredient or that combine several. Medicine quality control laboratories (QCLs) that undertake chemical and microbiological (including bacterial endotoxins) testing of medicines are also eligible to apply for prequalification. RPTUAS is one such scheme that can motivate many units in the SME sector to upgrade themselves for internationally compliant manufacturing processes. It would raise the level of quality, safety and efficacy of drugs and formulations produced in the country.

3.9.4. The sub-scheme for technology upgradation is an important sub-scheme under the development of the pharmaceutical sector. It is only through modernisation and the introduction of state-of-the-art technology and manufacturing processes that the uniqueness of the Indian Pharmaceutical Industry can be sustained. It also requires that the product quality is maintained uniformly by all sections of the production system, irrespective of whether a unit falls in the small and medium scale sector or large manufacturers. It also requires that the product quality is maintained. DoP must nudge all of about 7000 Units to align with revised Schedule M compliant. This would ensure that the drug and formulations available in the country are of the global quality.

3.10. OBJECTIVES OF THE STUDY

The objectives of the study are as under:

a) To evaluate Revamped Pharmaceutical Technology Upgradation Assistance Scheme (RPTUAS),

b) To examine the relevance of the Scheme for the pharmaceutical industry, and

c) To suggest measures to improve the effectiveness of the scheme.

3.11. Financial Outlay of the Revamped Pharmaceutical Technology Upgradation

According to the financial outlay shared by the Department of Pharmaceuticals, a total of Rs. 300.10 crore is to be spent for the FY 2024-25 to FY 2025-26. The detail of the financial outlay is placed below:

Table 3.2: Financial Outlays of RPTUAS

Financial Outlay (in Rs. Crore)	2024-25	2025-26	Total
	150.00	150.10	300.10

3.12. Relevance of the Scheme for the Pharmaceuticals Industry

The India's pharmaceutical industry is the world's 3rd largest by volume and 11th largest in terms of value. Total Annual Turnover of Pharmaceuticals is ₹ 4,71,898 crore for the financial year (FY) 2024-25, which has grown at an average rate of 10.3 per cent in the preceding five years. Total exports of pharmaceuticals are to the tune of ₹ 2,45,962 crore and total imports of pharmaceuticals are to the tune of ₹ 63,573 crore for 2024-2025.The Pharma sector currently contributes to around 1.72% of the country's Gross Domestic Product (GDP). Recently, around 36% of pharmaceutical manufacturing units inspected by the Indian drug regulator were shut down for non-compliance with quality standards following risk-based inspections by the Central Drug Standards Control Organisation (CDSCO) since December 2022. As such, standardisation is instrumental in the pharmaceutical industry in India. The standardisation would improve its footprint in the global market more indelibly. The RPTUAS scheme is one of its kind in improving standardisation and keeping well with the quality. In fact, standardization of pharma products reduces the risk of being contaminated and increases its efficacy.

3.13. Based on the interaction with the Pharma units, it was revealed that though the transition to revised schedule-M/WHO-GMP is good, it considerably increases the input cost to the products. The subsidy provided under the scheme is a boon to the standardisation initiative. The subsidy needs to be released promptly. Side-by-side, the documentary requirements need to be streamlined and made more user-friendly so that it does not become an impediment in uploading, keeping in view the deadline.

3.14. Under the scheme, the beneficial pharma unit is responsible for the operation and maintenance of assets created under the scheme. The assets acquired are not to be disposed of, encumbered, or utilised for any purpose other than for which the funds are approved for a period of five years.

3.15. **Increase the stake in the global market**

Based on first-hand experience with pharmaceutical units, it was revealed that despite achieving a turnover increase of approximately 30-35%, these firms expressed reluctance to participate in the global market and remained focused on supplying domestic orders. This hesitation stemmed primarily from their infrastructure limitations, capital constraints, and the faintest involvement of FDIs. They were found constrained to operate within their existing land areas. However, following the implementation of the revised Schedule M / WHO-GMP standards, these companies demonstrated adaptability by hiring additional manpower and pursuing vertical expansion of their buildings to establish the required laboratories, indicating their commitment to meeting enhanced regulatory requirements while working within their spatial constraints. It is worthwhile to mention that these units also face challenges in establishing a robust resource base with foreign companies.

Figure 1: IIPA's Study Team with Stakeholders in BRD Medilabs, Baddi

3.16. The machinery, after revamping the lab, is placed in the above image. The picture shows that they have upgraded their technology and are satisfied with their domestic share in the pharmaceutical market. The company started its operation with a 5-6 workforce in 1994, which has substantially increased to 220 plus in the year 2025. It shows their relevance to the business and also, eagerness to cope with the emerging competition in the sector. Overall, their footprints in the global market have not increased, and in certain cases not taken off.

3.17. Convergence with the scheme of the own Ministry/Department or other Ministry/Department

Revamped Pharmaceutical Technology Upgradation Assistance Scheme (RPTUA) is a sub-scheme of the umbrella scheme 'Strengthening of Pharmaceuticals Industry (SPI)' started by the Department of Pharmaceuticals, which has a comprehensive objective to ensure drug security in the country. The umbrella scheme has three sub-components, namely (i) Assistance to Pharmaceutical Industry for Common Facilities (API-CF), (ii) Revamped Pharmaceutical Technology Upgradation Assistance Scheme (RPTUAS) and (iii) Pharmaceutical & Medical Devices Promotion and Development Scheme (PMPDS). All these schemes work in close coordination and coverage towards the same broad goal of health security in the country. However, the convergence of the scheme is not limited to sub-schemes of the Department. Several lateral connections are leading to the overall development of the economy. Some of the key schemes of the union government that can be directly linked to the scheme of the 'RPTUAS' include the following:

a) Prime Minister Employment Generation Programme of MSME,

b) Credit Enhancement Guarantee Scheme (CEGS) of MoSJE,

c) Technology and Quality Upgradation Support to MSMEs (TEQUP) scheme under National Manufacturing Competitiveness Programme (NMCP), and

d) Infrastructure Development Programme

The National Health Mission and Affordable Medical Services are other priority sector programmes of the Union Government. This requires improvement in the health sector,

infrastructure, which cannot be done without upgrading the SME sector in terms of production process and product quality improvements. However, the RPTUAS, with its distinct objectives, caters to improve the quality system and enhance the competitiveness of Pharma MSMEs by providing incentives (subsidy) for upgrading their plant and machinery to WHO-GMP standards in order to enable them to manufacture pharmaceutical products to the globally accepted standards of quality, safety and efficacy. It also assists SMEs cluster to exploit the benefits arising due to the optimisation of resources and economies of scale by giving financial assistance for common infrastructure facilities. As such, the scheme is one-of-a-kind and deserves continuation.

3.18. Gaps in achievement

Since the RPTUAS scheme has recently been implemented, there are no specific gaps to identify at this preliminary stage of evaluation. However, the substantial subsidies provided to pharmaceutical laboratories for upgrading their technology and infrastructure to achieve compliance with revised schedule M/WHO-GMP standards are strategically designed with the expectation of producing significant results in terms of facilitating access to global markets. The underlying rationale for this investment was that successful entry into international markets would generate enhanced revenue streams for participating pharmaceutical units, which would have subsequently enabled them to scale up their production capacities substantially. This increased production scale would have naturally led to expansion of capital size, creating a positive economic cycle, coupled with generating improved employment opportunities across various skill levels within the pharmaceutical sector. The scheme's design anticipated that these upgraded facilities would not only meet stringent international quality standards but also position domestic pharmaceutical companies to compete effectively in the global marketplace, thereby transforming them from primarily domestic suppliers to internationally competitive manufacturers. The expected outcomes included diversification of market reach, increased foreign exchange earnings, and the establishment of a more robust pharmaceutical manufacturing ecosystem that could contribute significantly to the country's economic growth while simultaneously strengthening the domestic healthcare infrastructure through improved manufacturing capabilities and quality assurance systems.

3.19. Key Bottlenecks

The pharmaceutical Units are facing the challenges of trained manpower and also their retention due to high attrition rates. Competent manpower is a pre-requisite for aligning with global standards.

Figure-2: BRD Medilabs, Baddi

3.20. The case study highlights the importance of strategic planning, balanced investment, quality focus, and human resource development in maximizing the impact of policy interventions. BRD Medilabs' journey from Baddi serves as an inspiring model for other pharmaceutical units seeking to leverage the RPTUAS scheme for transformational growth through shifting to M/WHO-GMP.

3.21. This success story underscores the scheme's potential to strengthen India's pharmaceutical manufacturing sector while creating significant employment opportunities and enhancing global competitiveness. The lessons learned from BRD Medilabs' experience provide valuable guidance for policymakers, industry stakeholders, and aspiring pharmaceutical entrepreneurs.

3.22. Baddi's position as a pharmaceutical hub provided BRD Medilabs with access to a skilled workforce, supplier networks, infrastructure support and regulatory expertise. The company's leadership demonstrated long-term strategic thinking, commitment to quality and compliance, employee-centric growth approach and sustainable business practices.

The effective subsidy reimbursement enabled the firm to have comprehensive planning and execution, focus on technology and infrastructure, emphasise compliance and quality and balanced investment approach. The continuous improvement of culture enabled to have regular process optimisation, employee skill development, technology adoption and quality enhancement initiatives.

3.23. Significant Changes

The implementation of the RPTUAS scheme has brought about the most significant transformation in the pharmaceutical sector, fundamentally altering the operational landscape and competitive positioning of units. The most profound change has been the seismic improvement in manufacturing standards, with companies achieving

Revised Schedule-M / WHO-GMP compliance through comprehensive technology upgradation and infrastructure modernisation, thereby elevating their quality assurance capabilities to international standards. This technological transformation has been accompanied by substantial employment generation, as evidenced by cases like BRD Medilabs, where the workforce expanded from 6 to 240 employees, representing a paradigm shift from small-scale operations to large-scale manufacturing units. The scheme has catalysed a fundamental shift in market orientation, with pharmaceutical companies transitioning from purely domestic suppliers to entities capable of competing in global markets, though many remain hesitant to fully embrace international opportunities due to infrastructure constraints and other intangible reasons. Perhaps the most significant systemic change has been the enhancement of operational efficiency, as reflected in the dramatic improvement of input use efficiency ratios from 0.60 in 2023-24 to 2.69 in 2025-26, indicating successful optimisation of resource utilisation. The scheme has also fostered a culture of continuous improvement and innovation, with companies investing in advanced manufacturing technologies, automated systems, and comprehensive quality control mechanisms. Additionally, the RPTUAS initiative has strengthened the pharmaceutical ecosystem by creating a ripple effect of growth, where successful companies serve as anchors for supplier networks, skilled workforce development, and knowledge transfer, ultimately contributing to the establishment of robust pharmaceutical clusters that enhance India's position in the global pharmaceutical value chain.

3.24. **Externalities**

The scheme comes across externalities in terms of investment for quality improvement. If the incentive amount is scaled up, the firms may get more motivation to scale up their business. Given the number of firms yet to acquire revised Schedule M /WHO-GMP certification, budget of the scheme needs to be escalated. This would have additional demand on the medical device sector as well as other manufacturing industries. It would have additional demand on the construction and service sectors. All this is likely to have multiplier effects on income and employment. Importantly, the pharma sector directly impinges on life expectancy. If the revamp is not effective, there is a possibility that India would start continue to depend heavily on imports of key APIs and

formulation drugs and other medical products from outside. As such, this is to be taken to the extent that we become self-sufficient and also export so that well well-being of people and revenue can be catalysed at the same time.

3.25. Issues & Challenges

The awareness of the RPTUAS is one of the critical challenges that abate its bandwidth. **The first major challenge facing RPTUAS is ensuring quality control and addressing the serious issue of substandard drugs produced by Indian pharmaceutical companies**. The support for drug companies also comes amid reports of deaths abroad due to the production of substandard drugs linked to imports of Indian manufacturers.

The shift to Revised Schedule M/WHO-RMP has been found to be a pressing need for the scheme to effectively upgrade manufacturing standards and ensure compliance with international quality requirements. Many pharmaceutical companies, especially smaller ones, struggle to meet the revised Schedule-M standards and WHO-GMP certifications that the scheme aims to support. The challenge lies in helping these companies transition from their current manufacturing practices to higher quality standards while maintaining their business operations and competitiveness. The second significant challenge is the implementation and resource allocation across the expanded scope of beneficiaries. The RPTUAS now extends its support beyond Micro, Small, and Medium Enterprises (MSMEs) to include any pharmaceutical manufacturing unit with a turnover of less than 500 crores, fostering inclusivity and quality enhancement across the industry.

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Chapter 4: Analyses

4.1. Based on the First Pharmaceutical Census of India, there were about are 10,700 drug manufacturing units (both bulk drugs and formulation) in India. Of these, only about 2000 units meet global standards, being revised Schedule M /WHO-GMP certified. Out of these, approximately 8700 pharma units remain outside the certification, impinging upon production of sub standard quality drugs.

4.2. There have been a string of incidents where other countries have reported alleged contamination in India-manufactured syrups, eye-drops, and eye ointments. The deaths of 70 children in the Gambia, 18 children in Uzbekistan, 3 persons in the United States, and 6 deaths in Cameroon have been linked to substandard drugs produced in and exported by Indian pharmaceutical manufacturers.

4.3. Major changes in Revised Schedule M includes introduction of a pharmaceutical quality system, which emphasizes the establishment of a comprehensive quality management system throughout the manufacturing process to identify potential risks to the quality of their products, ensure consistency in quality and processes, conduct of stability studies based on climate conditions, use of computerized systems which are designed to prevent data tampering, unauthorized access, and omission of data. They also automatically record all steps and checks to ensure adherence to processes without any tampering.

4.4. India's move to adhere to revised Schedule M /WHO-GMP standards signify a major step toward achieving global quality standards in the pharmaceutical sector need for the scheme to effectively upgrade manufacturing standards and ensure compliance with international quality requirements. Many pharmaceutical units, especially small ones, struggle to meet the revised Schedule-M standards and/or WHO-GMP certifications to transform from their current manufacturing practices to higher quality standards, Awareness, willingness and ability are three pre-requisites for this transition. Based on interactions with manufacturers, it emerged that most of those who are aware are willing to adhere to revised Schedule M/WHO-GMP However, lack of awareness amongst small manufacturers 'unfriendly' incentive structure of

RPTUAS, and 'compliance burden' are the issues that need to be addressed fully to nudge manufacturers to align themselves with revised Schedule M / WHO-GMP.

4.5. Based on visits to pharmaceutical manufacturing units /FGD, it emerged that there is a lack of appropriate competencies including skills to meet the imperatives of 'online' filing. Besides, lack of awareness amongst other Units who experience 'inadequacy' in their skills/competencies to meet the 'compliance burden' of elaborate 'online' filing for claiming incentive under the Scheme. Apart from this, there is a lack of awareness about advantages of the Scheme. It is, therefore, recommended that the DoP may organise promotional outreach events across States/UTs periodically, not just once in a while, indulge in media advertisements and publicity about the Scheme in pharma hubs through Associations, create suitable Training modules, impart training, organise workshops from time to time to streamline the process to nudge a large number of pharma units to upgrade the technology. This will go a long way in building their capacity to align the quality with global standards and in the process would expand their businesses.

4.6. 'Compliance' burden' under RPTUAS is the necessity of uploading of a large number of documents at various stages of online registration of the units before they can claim benefits under the Scheme. The list of all documents that are required to be uploaded is not known to prospective beneficiaries upfront in one go. Prospective beneficiaries get to know of requirements of various documents at different stages of registration. They are tested the most when they are near the completion of registration, get tired to yield to the thought of abandoning the process. It is, therefore, recommended that relevant software be simplified and made user-friendly.

4.7. Some other manufacturing units are not able to upgrade their facilities under RPTUAS due to financial constraint as the incentive is released on 'reimbursement' basis in the sense that one has to make investment first and claim benefit of incentive under the Scheme later. Given that time lag between the investment made and actual disbursement of incentive is significant, it is recommended to streamline the scheme and reduce the time lag in disbursement of incentive in the pre-determined timeliness. Upfront payment of certain percentage of eligible amount with the financial prudence may also be considered.

4.8. Disbursement of actual incentive has not been made to any unit either in 2024-25 or in 2025-26 (till 30 June, 2025). The timely disbursement of the subsidy needs to be expedited.

4.9. Incentive structure for upgradation is regressive in the sense that incentive in percentage terms reduces with increase in turnover, with the result that some manufacturers are disinclined to increase their turnover. To make RPTUAS more attractive to the Pharmaceutical Industries, the following incentive structure are recommended, as in Table-4.1:

Turnover	**Incentives**
(i) Turnover from 1.00 crore to less than Rs. 50.00 crore	30% of investment under eligible activities
(ii)Turnover from Rs. 50 crore to less than Rs. 250 crore	25% of investment under eligible activities;
(iii) Turnover from Rs. 250 crore to less than Rs. 500 crore	20% of investment under eligible activities

Maximum limit may also be increased from Rs. 2 crore to Rs. 3 crore.

4.10 Increase the incentive to 20 percent to all regardless of their turnover exclude exports of goods and/or services when calculating turnover in conformity with MSME policy. These changes would help Pharma units scale up, access better credit, and expand their markets. Based on interaction with the concerned manufacturing units, it was found that some of them have received the sanction order but are still waiting to receive the subsidy. The acquisition of revised Schedule-M / WHO-GMP certification under the scheme enables pharmaceutical MSMEs to manufacture products adhering to global standards of regulation, thereby increasing their global competitiveness and market share. As such, RPTUAS directly advances the Viksit Bharat @2047 goal by strengthening India's pharmaceutical manufacturing capabilities, enhancing export potential and establishing the foundation for India's emergence as a global pharmaceutical key supplier.

4.11 As many as 273 pharmaceutical units across twenty states/UTs had applied for availing benefits for technology upgradation of their respective units. The State-wise

Distribution of Pharma Units who applied for Incentive under RPTUAS is given in the Table 4.2.

Table 4.2: State-wise Distribution of Pharma Units who applied for Incentive under RPTUAS

S.No	**State**	No of Units who Applied	% Units Applied	Cumulative % Units Applied
1	Gujarat	71	26	26
2	Himachal Pradesh	61	22	48
3	Maharashtra	41	15	63
4	Uttarakhand	21	8	71
5	Karnataka	10	4	75
6	Madhya Pradesh	10	4	78
7	Andhra Pradesh	8	3	81
8	Tamil Nadu	8	3	84
9	Telangana	8	3	87
10	West Bengal	8	3	90
11	Punjab	6	2	92
12	Haryana	5	2	94
13	J&K	3	1	95
14	Kerala	3	1	96
15	Rajasthan	3	1	97
16	Uttar Pradesh	3	1	99
17	Assam	1	0	99
18	Bihar	1	0	99
19	Chandigarh	1	0	100
20	Daman	1	0	100
	Total	273	100	

4.12. Of these 273 Units who had applied for incentive under the Scheme, approval of investment has been accorded to 142 Units.

4.13. Out of 142 Units in respect of whose investments have been approved, 82 percent of units are located in seven states. These are Himachal Pradesh (23%), followed by Gujarat (21%) Maharashtra (11%), Uttarakhand (9%), West Bengal (6%), Karnataka, M.P. and A.P. (4% each).

4.14. A tangible achievement of RPTUAS is grant of revised Schedule M or WHO-GMP (or both) to 22 Pharma Units who were sanctioned Rs 19.53 crores. These 22 Units are spread across 10 states namely Himachal Pradesh (6), Maharashtra (4), Andhra

Pradesh, Haryana, Punjab, Tamil Nadu (2 each), Bihar, Gujarat, Madhya Pradesh and Telangana (1 each) (Table-4.3).

Table 4.3: State-wise No. of Units granted Revised Schedule M or WHO-GMP

S.No.	State	No. of Units granted Revised Schedule M or WHO-GMP
1.	Himachal Pradesh	6
2.	Maharashtra	4
3.	Andhra Pradesh	2
4.	Haryana	2
5.	Punjab	2
6.	Tamil Nadu	2
7.	Bihar	1
8.	Gujarat	1
9.	Madhya Pradesh	1
10.	Telangana	1
	Total	22

4.15. Based on online registration for availing benefits under RPTUAS, 273 pharmaceutical Units spread over 20 states have expressed their interest. Of these, at least one unit in each of 10 states in the preceding table have been granted revised Schedule M / WHO-GMP certification. Implicit in it is that no Unit in the remaining 10 states has completed the Project (Table-4.4).

Table 4.4: State-wise Distribution of Pharma Units where no Unit has completed Project under RPTUAS, despite having applied for Upgradation

S.No.	State	No. of Units who Applied	% Share of No. of Units	Cumulative % Share of No. of Units
1	Uttarakhand	21	39	39
2	Karnataka	10	19	57
3	West Bengal	8	15	72
4	J & K	3	6	78
5	Kerala	3	6	83
6	Rajasthan	3	6	89
7	Uttar Pradesh	3	6	94
8	Assam	1	2	96
9	Chandigarh	1	2	98

10	Daman	1	2	100
	Total	54	100	

4.16. The RPTUAS demonstrates significant potential for transforming India's pharmaceutical sector, as evidenced by success stories of 22 Pharma Units who have been granted either revised Schedule M or WHO-GMP standards (or both) during last 15 months (from 14.03.2024 to 30.06.2025). Grant of revised Schedule M / WHO-GMP certification indicates that the concerned manufacturing units have successfully upgraded their manufacturing processes, quality control systems, infrastructure, and operational procedures to meet stringent standards. Alignment of these Units with global standards by upgradation of technology enhances the quality and safety of pharmaceutical products manufactured in the country. It is expected that this will augment the demand of their products, and improve global competitiveness of the Indian pharmaceutical industry.

4.17. Although a total investment of Rs. 948.14 crores was approved for 142 Units, these Units had proposed an investment of Rs 1225.55 crores. Implicit in it is that Rs. 277.41 crores constituting 22.6% of the proposed investment was not covered within admissible activities (Table 4.5).

Table 4.5: State-wise Investment Approved vis-à-vis Incentive Sanctioned

(Rs Crores)

S.No	State	Applied Investment	Approved investment by TC	Incentive Sanctioned	No. of Units	Average Incentive sanctioned per unit
1	Himachal Pradesh	230.59	202.48	33.54	32	1.05
2	Maharashtra	280.86	188.11	18.98	16	1.19
3	Gujarat	178.85	142.10	23.29	30	0.78
4	Uttarakhand	137.01	97.19	12.43	13	0.96
5	Madhya Pradesh	65.90	63.35	7.82	6	1.30
6	Andhra Pradesh	74.50	50.38	5.96	5	1.19
7	Karnataka	67.29	49.70	7.33	6	1.22
8	West Bengal	42.48	38.42	6.35	8	0.79
9	Telangana	30.43	24.66	4.32	4	1.08
10	Tamil Nadu	27.30	23.26	4.01	4	1.00
11	Kerala	21.42	13.88	2.78	3	0.93
12	Punjab	18.51	11.32	1.91	4	0.48
13	Haryana	13.29	10.70	2.14	2	1.07
14	Chandigarh	10.09	9.44	1.89	1	1.89
15	Daman	9.67	8.06	1.21	1	1.21
16	Jammu & Kashmir	6.66	5.03	1.02	2	0.51
17	Rajasthan	4.56	4.26	0.64	1	0.64
18	Uttar Pradesh	3.62	3.28	0.66	2	0.33
19	Assam	2.34	2.34	0.47	1	0.47
20	Bihar	0.20	0.20	0.04	1	0.04
	Total	1225.55	948.14	136.77	142	0.96

4.18. The highest amount of investment at Rs 202.48 crores has been approved to units in Himachal Pradesh followed by Maharashtra (Rs 188.11 crores), Gujarat (Rs 142.10 Crores) and Uttarakhand (Rs 97.19 Crores).

4.19. The average incentive across all states works out to Rs 0.96 crores per unit in comparison to Rs 1.05 crores in Himachal Pradesh, Rs 1.19 crores in Maharashtra, Rs 0.78 crores in Gujarat and Uttarakhand (Rs 0.96 Crores).

4.20. A total amount of incentives sanctioned to 142 units was Rs 136.77 crores, average incentive being Rs. 0.96 crore per unit. Of the total incentive sanctioned to 20 states, the highest was to the units in Himachal Pradesh (25%) followed by Gujarat (17%),

Maharashtra (14%), Uttarakhand (9%), M.P. (6%), Karnataka and West Bengal (5% each). These seven states accounted for 80% of total incentive sanctioned.

4.21. A concomitant advantage of RPTUAS is found to be its impact on additional employment generation by pharmaceutical units as a result of their efforts to upgrade the units under RPTUAS. The Scheme has generated additional employment in varying magnitudes, the least being 6 percent in West Bengal to the highest at 70 percent in Kerala during 2024-2025 (Table 4.6).

Table 4.6: Employment generated under RPTUAS during 2024 to 2025

S.No	State	No. of Employees (31.03.2024)	No. of Employees (31.03.2025)	Employment generated	No. of Units	% Employment generated
1	Kerala	79	134	55	3	69.6
2	Andhra Pradesh	350	419	69	3	19.7
3	Uttarakhand	210	246	36	3	17.1
4	Maharashtra	915	1047	132	6	14.4
5	Himachal Pradesh	994	1135	141	10	14.2
6	Assam	121	136	15	1	12.4
7	Gujarat	1177	1315	138	9	11.7
8	Haryana	784	873	89	2	11.4
9	Rajasthan	341	373	32	1	9.4
10	J &K	122	130	8	3	6.6
11	Uttar Pradesh	124	132	8	1	6.5
12	West Bengal	686	726	40	3	5.8
	Total /(%)	5903	6666	763	45	12.9

4.22. Overall average additional employment created as a result of technology upgradation is 13 percent during 2024-2025.

4.23. There are three slabs of incentives under the scheme viz. 20%, 15% and 10% depending upon turnover and investment. The average incentive per unit was the highest admissible at 20% in cases of seven states viz. J&K, Assam, Kerala, UP, Chandigarh, Bihar and Haryana. This suggests that size of units is these states is relatively smaller in contrast to those in Maharashtra and A.P. where average incentive works out in the range of 10% to 12% of approved investment. Overall, average incentive across all 20 States/UT works out to 14% of approved investment.

4.24. Out of 273 pharmaceutical units that had expressed their willingness to avail incentive under the Scheme, only 142 have completed the Project. There are 126 units that have not been able to complete the Project of upgradation of technology as per Table 4.7.

Table 4.7: State-wise Distribution of Pharma Units where Projects initiated but not completed

S.No.	State	No. of Units	Percent	Cumulative percent
1.	Gujarat	39	31	31
2.	Himachal Pradesh	28	22	53
3.	Maharashtra	25	20	73
4.	Uttarakhand	7	6	79
5.	Karnataka	4	3	82
6.	Madhya Pradesh	4	3	85
7.	Tamil Nadu	4	3	88
8.	Andhra Pradesh	3	2	90
9.	Haryana	3	2	93
10.	Telangana	3	2	95
11.	Punjab	2	2	97
12.	Rajasthan	2	2	98
13.	Jammu & Kashmir	1	1	99
14.	Uttar Pradesh	1	1	100
	Total	126	100	

4.25. It may be noted that nearly four-fifths (79%) of these incomplete Projects are in 4 states *viz*. Gujarat (31%), Himachal Pradesh (22%), Maharashtra (20%), and Uttarakhand (6%). DoP may consider reaching out to them to expedite the process so that they can also make enhanced contribution to overall growth of Pharmaceutical industry in the country.

4.26. Department of Pharmaceuticals had conducted the First Pharmaceutical Census in India in collaboration with MSME, by designing a sound Statistical questionnaire on pharma and included it in MSME Census about 17 years ago. It was a low cost endeavor, given that MSME borne 'fixed cost' while DoP incurred only 'incremental variable cost' of the Census. It came out with useful insights into Pharma Units. A similar exercise may be undertaken to deepen the insights into the structure, composition and spread of the Industry. This is a prerequisite for reducing, if not eliminating dependence of India on China for its key APIs supplies.

4.27. In FY 2024-25, a total of 150 units were expected to be supported under the scheme and an equal number is to be supported in FY 2025-26. An outlay of Rs. 150 crores for the FY 2024-25 and Rs. 150.10 crores in FY 2025-26, an increase of Rs. 0.10 crore, has been made. The Scheme has a considerable potential to expand if process is streamlined, compliance burden is reduced and more awareness about the scheme is created. Consequently, outlay for the purpose may be enhanced.

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Chapter 5: Conclusions and Recommendations

5.1. Revised Schedule M is a step towards quality, safety and efficacy of pharmaceutical products to global standards. CDSCO under the Ministry of Health & FW has notified the compliance date as 31.12.2025. Given the 'compliance burden', exacerbated by lack of technical competency and financial implication, pharma SMEs have represented to CDSCO for extension of timeline to enable improvement in infrastructure, training of personnel and arranging financial resources.

5.2. Major Changes in Revised Schedule M includes introduction of a pharmaceutical quality system, which emphasizes the establishment of a comprehensive quality management system throughout the manufacturing process, ensure consistency in quality and processes, conduct of stability studies based on climate conditions, use of computerized systems which are designed to prevent data tampering, unauthorized access, and omission of data. They also automatically record all steps and checks to ensure adherence to processes without any tampering.

5.3. Out of a total 10,563 pharmaceutical units in the country[2], 8174 or 77.4% manufacture 'formulation' drugs and remaining 22.6% are engaged in manufacturing of bulk drugs. Of the total units, about 2000 units meet global standards, being revised Schedule M /WHO-GMP certified.

5.4. Further, out of approx. 6500 pharmaceutical units in SMEs sector, 1470 units have submitted plan to upgrade their GMP Status to make them compliant to revised Schedule M.

5.5. Number of pharmaceutical manufacturers in the country that needs technology upgradation is estimated at 7093 units including 5030 SMEs units. Existence of such a large number of pharma manufacturers without requisite standards in vogue raise the issue of quality of drugs produced in the country. Sure enough, they are required to be nudged to submit plan to align themselves with the revised schedule M.

[2] *Directory of Pharmaceutical Manufacturing Units in India brought out by NPPA*

5.6. There have been a string of incidents where other countries have alleged contamination in India-manufactured syrups, eye-drops, and eye ointments. The deaths of 70 children in the Gambia, 18 children in Uzbekistan, 3 persons in the United States, and 6 deaths in Cameroon have been linked to substandard drugs produced in and exported by Indian pharmaceutical manufacturers.

5.7. Many pharmaceutical units, especially ones in small sector (of MSME), struggle to meet the revised Schedule-M standards / WHO-GMP certifications to transform from their current manufacturing practices to higher quality standards. Awareness, willingness and ability are three pre-requisites for this transition. Based on interactions with manufacturers, it emerged that most of those who are aware are willing to adhere to revised Schedule M/WHO-GMP. However, lack of awareness amongst small manufacturers, 'unfriendly' incentive structure of RPTUAS, and 'compliance burden' are the issues that need to be addressed fully to nudge manufacturers to align themselves with revised Schedule M / WHO-GMP.

5.8. DoP may organise promotional outreach events across States/UTs periodically, not just once in a while, indulge in media advertisements and publicity about the Scheme in pharma hubs through the manufacturers' Associations, create suitable Training modules, impart training, organise workshops from time to time to streamline the process to nudge a large number of pharma units to upgrade the technology. This will go a long way in building their capacity to align the quality with global standards and in the process would expand their businesses.

5.9. 'Compliance' burden' under RPTUAS stems from the necessity of uploading of a large number of documents at various stages of online registration of the units before they can claim benefits under the Scheme. The list of all documents that are required to be uploaded is not known to prospective beneficiaries upfront in one go. Prospective beneficiaries get to know of requirements of various documents at different stages of registration. They are tested the most when they reach near the completion of registration, get tired to yield to the thought of abandoning the process. It is, therefore, recommended that relevant software be simplified and made user-friendly.

5.10. Some manufacturing units are not able to upgrade their facilities under RPTUAS due to financial constraint as the incentive is released on 'reimbursement' basis in the sense that one has to make investment first and claim benefit of incentive under the Scheme later. Given that time lag between the investment made and actual disbursement of incentive is significant, it is recommended to streamline the scheme and reduce the time lag in disbursement of incentive in a pre-determined timelines. Upfront payment of certain percentage of eligible amount with the financial prudence needs to be considered.

5.11. Disbursement of actual incentive has not been made to any unit either in 2024-25 or in 2025-26 (till 30 June, 2025),. Reason being, release and utilisation of financial assistance under the scheme is to be done on receipt of certification by the drug regulatory authority concerned regarding compliance with the revised Schedule M to the Drugs Rules, 1945 and the World Health Organization – Good Manufacturing Practices. The approved projects are at various stages of implementation and have not reached the stage of certification as aforesaid and, therefore, funds have so far not been disbursed under the scheme. The Department needs to develop a robust monitoring mechanism with defined timelines for all beneficiaries to ensure compliance with key milestones, including financial closure, placement of orders for equipment installation, and submission of applications for issuance of revised Schedule M/WHO-GMP certification. In light of the financial burden related to upgrading to revised Schedule M, particularly for the micro, small, and medium pharmaceutical enterprises (MSMEs), the following is recommended: (i) the incentive rates under the scheme be increased by 10 percentage points in each of the three slabs (increasing to 30%, 25% and 20% from 20%, 15%, and 10% respectively, only for eligible MSME units), (ii) the outer limit on the incentive be augmented to ₹3 crores for only medium-sized segment of MSMEs that are making sizeable compliance-heavy investments, with appropriate justification and due diligence. In so far as 'small' segment of MSMEs is concerned, the existing cap of ₹2 crore is good enough for such units and thus be continued for them. (iii) Also, since businesses with an annual turnover of greater than ₹250 crore have been subject to the GMP norms for several years and are likely to have the resources and capital to comply independently, it may be appropriate to exclude this category of business from eligibility for incentives. This way, the scheme may be better able to target units that are truly constrained from upgrading and promote better use of public resources.

5.12. As many as 273 pharmaceutical units across twenty states/UTs had applied for availing benefits for technology upgradation of their respective units. Of these, approval of investment has been accorded to 142 Units, amounting to Rs. 948.14 crores.

5.13. Out of 142 Units in respect of which investments have been approved, 82 percent of units are located in seven states. These are Himachal Pradesh (23%), followed by Gujarat (21%) Maharashtra (11%), Uttarakhand (9%), West Bengal (6%), Karnataka, M.P. and A.P. (4% each).

5.14. A tangible achievement of RPTUAS is grant of revised Schedule M to 22 Pharma Units who were sanctioned Rs 19.53 crores. These 22 Units are spread across 10 states namely Himachal Pradesh (6), Maharashtra (4), Andhra Pradesh, Haryana, Punjab, Tamil Nadu (2 each), Bihar, Gujarat, Madhya Pradesh and Telangana (1 each).

5.15. Based on online registration for availing benefits under RPTUAS, 273 pharma Units spread over 21 states have expressed their interest. Of these, there are 10 states where no Unit has completed the Project. These states are Assam, Chandigarh, Daman, J & K, Karnataka, Kerala, Rajasthan, Uttar Pradesh, Uttarakhand and West Bengal.

5.16. Although a total investment of Rs. 948.14 crores was approved for 142 Units, these Units had proposed an investment of Rs 1225.55 crores. Implicit in it is that Rs. 277.41 crores constituting 22.6% of the proposed investment was not covered within admissible activities.

5.17. The highest amount of investment at Rs 202.48 crores has been approved to units in Himachal Pradesh followed by Maharashtra (Rs 188.11 crores), Gujarat (Rs 142.10 Crores) and Uttarakhand (Rs 97.19 Crores).

5.18. The average incentive across all states works out to Rs 0.96 crores per unit in comparison to Rs 1.05 crores in Himachal Pradesh, Rs 1.19 crores in Maharashtra, Rs 0.78 crores in Gujarat and Rs 0.96 Crores in Uttarakhand.

5.19. Of the total incentive sanctioned to 20 states, the highest aggregate incentive was sanctioned to the units in Himachal Pradesh (25%) followed by Gujarat (17%), Maharashtra (14%), Uttarakhand (9%), M.P. (6%), Karnataka and West Bengal (5% each). These seven states accounted for 80% of total incentive sanctioned.

5.20. A concomitant advantage of RPTUAS is found to be its impact on additional employment generation by pharmaceutical units as a result of their efforts to upgrade the units. The Scheme has generated additional employment in varying magnitudes,

the least being 6 percent in West Bengal to the highest at 70 percent in Kerala during 2024-2025. Overall average additional employment created as a result of technology upgradation under RPTUAS is 13 percent during 2024-2025.

5.21. There are three slabs of incentives under the scheme viz. 20%, 15% and 10% depending upon turnover and investment. The average incentive per unit was the highest admissible at 20% in cases of seven states viz. J&K, Assam, Kerala, UP, Chandigarh, Bihar and Haryana. This suggests that size of units in these states is relatively smaller in contrast to those in Maharashtra and A.P. where average incentive works out in the range of 10% to 12% of approved investment. Overall, average incentive across all 20 States/UT works out to 14% of approved investment.

5.22. Out of 126 units that have not been able to complete the Project of upgradation of technology, nearly four-fifths (79%) of these incomplete Projects are in 4 states *viz*. Gujarat (31%), Himachal Pradesh (22%), Maharashtra (20%), and Uttarakhand (6%). DoP may consider reaching out to them to expedite the process so that they can also make enhanced contribution to overall growth of Pharmaceutical industry in the country.

5.23. Department of Pharmaceuticals had conducted the First Pharmaceutical Census in India in collaboration with MSME, by designing a sound Statistical questionnaire on pharma and included it in MSME Census about 17 years ago. It was a low cost endeavor due to 'synergetic effect', given that MSME had borne 'fixed cost' while DoP incurred only 'incremental variable cost' of the Census. It came out with useful insights and foresights into Pharma Units. It is recommended to undertake a similar exercise to deepen the insights into the structure, composition and spread of the Industry. This is a prerequisite for reducing, if not eliminating, dependence of India on China for its key APIs supplies.

5.24. The alignment to revised Schedule M under the scheme enables pharmaceutical MSMEs to manufacture products adhering to global standards of regulation, thereby increasing their global competitiveness and market share. As such, RPTUAS directly advances the Viksit Bharat @2047 goal by strengthening India's pharmaceutical

manufacturing capabilities, enhancing export potential and establishing the foundation for India's emergence as a global key supplier of pharmaceuticals.

5.25. In FY 2024-2025, a total of 150 units were expected to be supported under the scheme and an equal number is to be supported in FY 2025-26. An outlay of Rs. 150 crores for the FY 2024-25 and Rs. 150.10 crores in FY 2025-26, an increase of Rs. 0.10 crore, has been made. The Scheme has a considerable potential of 7093 pharma manufacturing units that remain to upgrade technology to align themselves with global standards by upgradation of technology. For realizing the full potential of the Scheme, it is recommended that the process of availing incentive under the Scheme is streamlined, compliance burden is reduced and more awareness about the scheme is created. Consequently, outlay for the purpose may be enhanced.

5.26. Establishment of single-window clearance systems for pharmaceutical units can improve their coverage under the scheme. Fast-track approval mechanisms for RPTUAS beneficiaries need to be prioritised. A comprehensive performance monitoring system with quarterly performance assessments to track input use efficiency trends be put in place.

5.27. A sharper focus on targeted delivery is vital to induce meaningful outcomes of the scheme. Focusing on enterprises that are financially and technically constrained, especially among micro and small units, would improve the efficiency of financial resources. In future, incentives under the scheme be tied to achievement of tangible outcomes such as pre-defined milestones, improvements in product quality, enhanced market access, to ensure meaningful impact.

5.28. The RPTUAS directly contributes to multiple Sustainable Development Goals, particularly SDG 3 (Good Health and Well-being) by ensuring access to quality, safe, effective and affordable medicines, SDG 8 (Decent Work and Economic Growth) through job creation and industrial development in the pharmaceutical sector, and SDG 9 (Industry, Innovation and Infrastructure) by fostering technological upgradation and building resilient pharmaceutical infrastructure that supports sustainable industrialization and innovation. As such, the scheme is aligned with SDGs numbers 3, 8 and 9.

Vision for the future

5.29. RPTUAS is one of the instrumental schemes that has potential for pharma units in the MSME sector to revamp the technology to align with global standards. It would raise the level of quality and confidence of drugs and formulations produced in the country. The vision for the future is to conduct Pharmaceutical Census of India which is likely to give credible insights and foresights into the sector. This will go a long way in reducing India's dependence on other countries for key supplies of APIs, help accomplish Good Health and well-being of citizens of India

5.30. Based on the analytical rigour of this Third-Party Evaluation study, it emerges that the RPTUAS will contribute to pharmaceutical industry's growth and alignment with global manufacturing standards. Accordingly, it is recommended that DoP may continue supporting the pharmaceutical industry through RPTUAS which is critical to the Nation's Good Health and Well-being.

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Annexure I

RPTUAS-Sample of units visited/ contacted by IIPA

S. No.	Name	Location	State	Mob. No.
1.	HIGGS HEALTHCARE LIMITED	KHASRA NO 480/1 VILL BHATOLIKALAN PO BADDI DISTT SOLAN HP 173205	HIMACHAL PRADESH	9050094001
2.	UNIX BIOTECH	BADDI HIMACHAL PRADESH	HIMACHAL PRADESH	8511156018
3.	BRD medilabs	Himachal Pradesh	HIMACHAL PRADESH	9425007474
4.	M Sea Pharmaceuticals pvt. ltd.,	Paontasahib Himachal Pradesh	HIMACHAL PRADESH	9980018959
5.	GO-ISH REMEDIES LIMITED(UNIT-II)	PANJEHRA (HIMACHAL PRADESH)	HIMACHAL PRADESH	9218660009
6.	LEGEN Health care	Himachal Pradesh	HIMACHAL PRADESH	9915015055
7.	HEALKRAFT PHARMA (INDIA)PVT.LTD.	JHARMAJRI	HIMACHAL PRADESH	9318503983
8.	PUROBIEN LIFESCIENCES	BADDI HIMACHAL PRADESH	HIMACHAL PRADESH	9218689047
9.	PARK PHARMACEUTICALS	BADDI (HIMACHAL PRADESH)	HIMACHAL PRADESH	8697575519
10.	Caspian Pharmaceuticals	Himachal Pradesh	HIMACHAL PRADESH	9427080275
11.	ethix heathcare	solan	HIMACHAL PRADESH	9727907756
12.	Brit Life Sciences	KALAAMB, Sirmaur Himachal Pradesh	HIMACHAL PRADESH	8527947417

13.	WELZO Research and Development Pvt. Ltd.	Baddi, Solan	HIMACHAL PRADESH	7082890156
14.	UNISPEED Pharmaceuticals Private Ltd.	Baddi, Solan	HIMACHAL PRADESH	9872633936
15.	BRD medilabs	Baddi, Solan	HIMACHAL PRADESH	9816016044
16.	Mediforce healthcare	Sirmour Himachal Pradesh	HIMACHAL PRADESH	9805084168
17.	VIRDEV INTERMEDIATES PVT LTD	PALSANA, SURAT	GUJARAT	9327339319
18.	MARUTI INDUSTRIES	BHARUCH	GUJARAT	9804777816
19.	SAHAJANAND LIFE SCIENCES PRIVATE LIMITED	SURAT	GUJARAT	9797907276
20.	SANKET Healthcare	Gujarat	GUJARAT	8019510855
21.	EXEMED PHARMACEUTICALS	VADODARA, GUJARAT	GUJARAT	7006755625
22.	ALTIS FINCHEM	GUJRAT	GUJARAT	9854055077
23.	ARNAV RESEARCH LABORATORIES	PLOT NO.435, GIDC-2, MEHSANA	GUJARAT	7990271491
24.	NEHA LIFE SCIENCE PVT LTD	AHMEDABAD-GUJARAT	GUJARAT	9892189153
25.	Trio Remedies Pvt Ltd	Ahmedabad	GUJARAT	9216921618
26.	V. S. International Private Limited	Mumbai	Maharashtra	98921909832
27.	AVEO PHARMACEUTICALS PRIVATE LIMITED	PALGHAR, MAHARASHTRA	Maharashtra	9045012373

28.	Anek Prayog Pvt Ltd	57/2, 119, MIDC Industrial area, Dhatav, Roha, Dist-Raigad-402 116	Maharashtra	9817064152
29.	Hindustan Antibiotics Limited	Maharashtra	Maharashtra	982200431
30.	VAV Lipids Private Limited	Ratnagiri & Mumbai (Maharashtra)	Maharashtra	623077200
31.	Aqua Fine Injecta Pvt. Ltd.	M.I.D.C. JEJURI, DIST.PUNE, MAHARASHTRA	Maharashtra	9746202699
32.	Joyjit Majumdar	Kolkata, West Bengal	West Bengal	9640809494
33.	Pharma Impex Laboratories Private Limited	West Bengal	West Bengal	6230704038
34.	VULCAN LABOROTARIE	WEST BENGAL	West Bengal	9833068129
35.	DIAMOND DRUGS PRIVATE LIMITED	KOLKATA, WEST BENGAL	West Bengal	9847028770
36.	ALAPATI PHARMA	ONGOLE, ANDHRA PRADESH	ANDHRA PRADESH	9920765461
37.	DINKARA LIFE SCIENCES	Andhra Pradesh	ANDHRA PRADESH	9594956699
38.	Aparna Pharmaceuticals Pvt Ltd	Srikakulam, Andhra Pradesh	ANDHRA PRADESH	8017001877
39.	Vowcare Products	Pulwama Jammu and Kashmir	JAMMU AND KASHMIR	9997398866
40.	HIND PHARMA	11-G INDUSTRIAL AREA,	JAMMU AND KASHMIR	9099046160

		GOVINDPURA, JK ROAD, BHOPAL-462022		
41.	PROTECH BIOPHARMA PVT LTD	SIDCO LASSIPORA PULWAMA J&K	JAMMU AND KASHMIR	9816016044
42.	LABINDUSS LTD	KERALA	KERALA	9816234333
43.	Labinduss Ltd	Kanjikode, Palakkad, Kerala	KERALA	9746202699
44.	CHETHANA FORMULATIONS PVT. LTD.	Kerala	KERALA	8007033387
45.	Sarv Pharmaceuticals	Haridwar, Uttarakhand	Uttarakhand	8057882418
46.	DAFFOHILS LABORATORIES PRIVATE LIMITED	DEHRA DUN, UTTRAKHAND	Uttarakhand	9216311751
47.	Tulbros Formulations	Rudrapur	Uttarakhand	9311280620
48.	SCL Lifesciences Limited	Panchkula, Haryana	HARYANA	9712575758
49.	Mcneil & Argus Pharmaceuticals Limiter	Ambala Haryana	HARYANA	9412054069
50.	SIGNOVA HEALTHCARE PRIVATE LIMITED	GUWAHATI	ASSAM	9898222265
51.	Sangharsh Lifecare Private Limited	Ganeshpura, Gujarat	Mehsana, Gujarat	9428555465
52.	ORNATE LABS PVT LTD	Muzaffarpur, Bihar	Muzaffarpur	9431017210
53.	LARK LABORATORIES INDIA LTD	OKHLA PHASE-2, NEW DELHI AND	Rajasthan	9359926971

		BHIWADI RAJASTHAN		
54.	Daffodills Pharmaceuticals Ltd	Meerut UP	UTTAR PRADESH	9811023731