



**User Manual
For
vHealth Subscription**



CORPORATE OFFICE:
Vakrangee Corporate House
Plot No. 93, Road No. 16, M.I.D.C., Marol, Andheri (East), Mumbai – 400093, Maharashtra

Document History

Ver.	Date	Name	Role	Remarks
1.0	26/04/2021	Abhay Kumar	Author	Initial Draft
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Objective

The purpose of this document is to guide Vakrangee's Franchisee and Vakrangee Team to book the vHealth policy through VKMS

Definitions

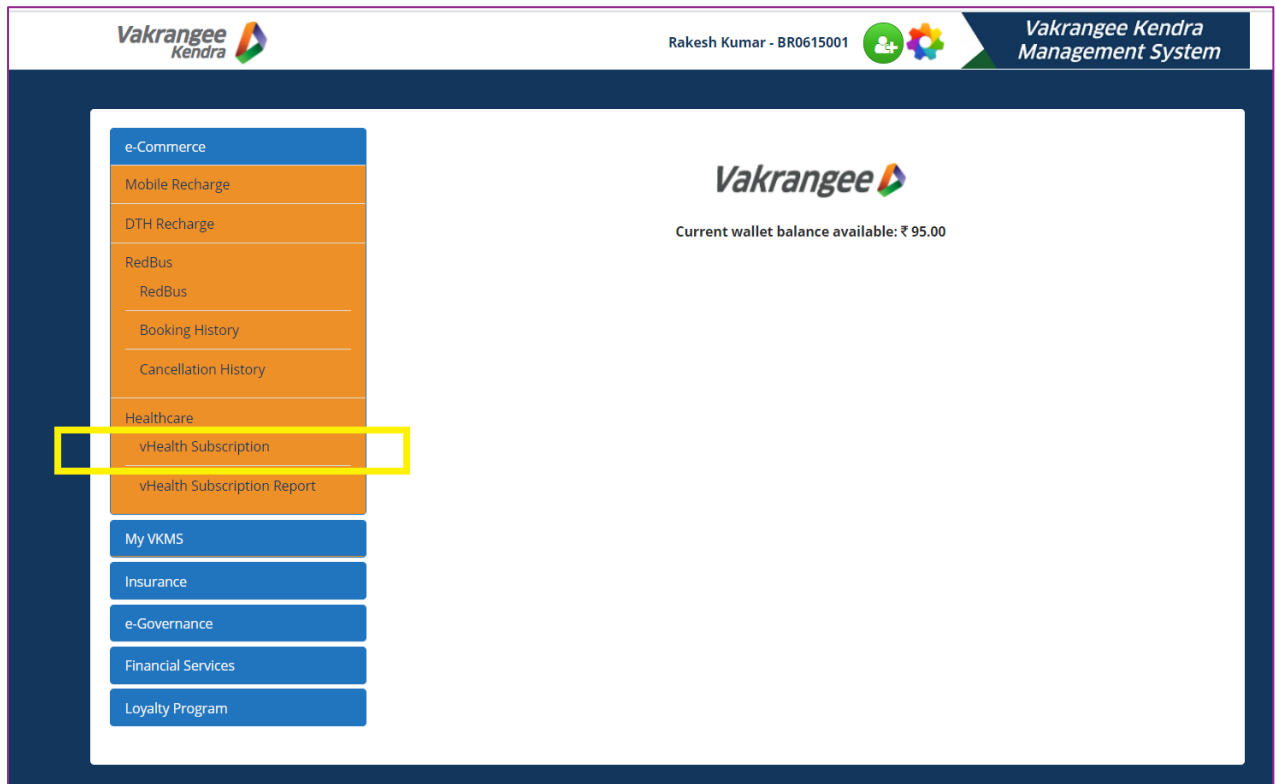
VKMS : Vakrangee Kendra Management System

IHO: Indian health Origination

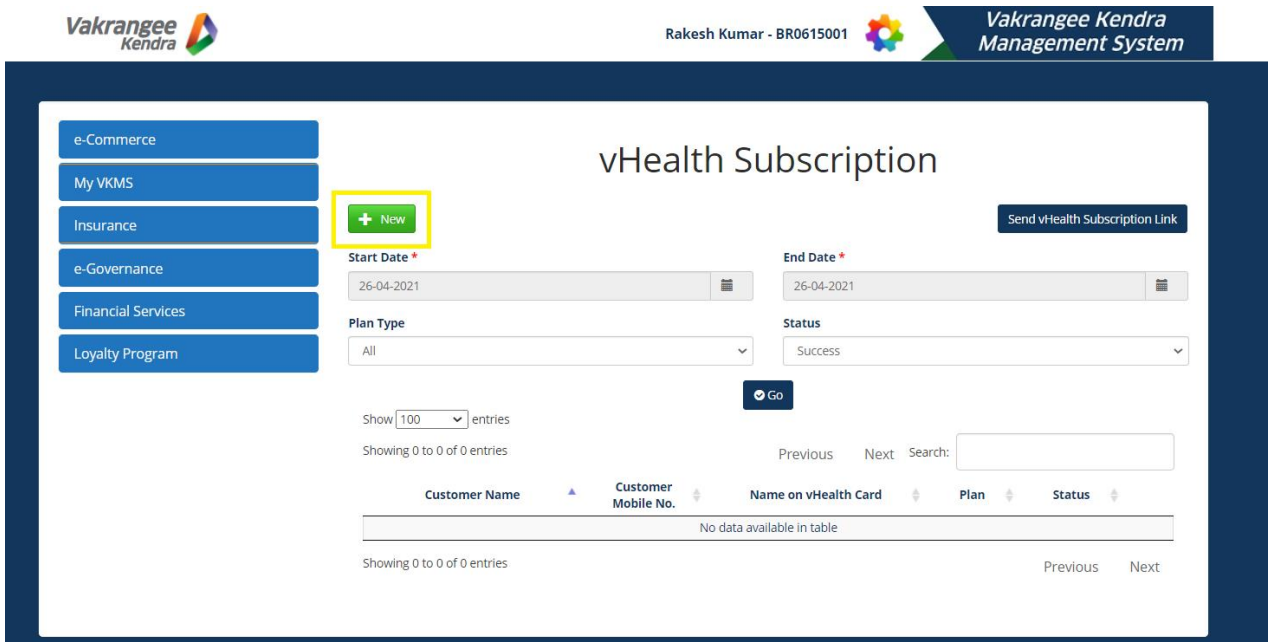
VKID: Vakrangee Kendra ID

vHealth Subscription

- Login into VKMS
- Click on Healthcare → vHealth Subscription



- Below screen will be displayed



- Click on "New" Button
- Below Screen will be displayed

Vakrangee Kendra
AS POORI DUNYA PADOSI MEIN

vHealth Subscription

PIN Code * 👁

Check Availability

- Enter customer area PIN Code
- Below Screen will be populated

Vakrangee Kendra
AS POORI DUNYA PADOSI MEIN

vHealth Subscription

Title *

First Name *

Middle Name

Last Name *

Date of Birth *

Gender *
☐ Male ☐ Female ☐ Others

Marital Status *
☐ Single ☐ Married

Occupation *

Educational Qualification *

Contact Details

Mobile Number *

Alternate Mobile Number

Email Address *

Alternate Email Address

ID Proof Details

Election ID Card Number

PAN

Driving License Number

Address Detail

Address *

State *

District *

Village/Town/City *

PIN Code *

☐ I have fully understood vHealth service details. Hereby giving my consent to avail vHealth Service. *

Cancel
Clear
Submit

- Fill the form

Vakrangee Kendra
AS POKHI DENITA PRADO MEIN

vHealth Subscription

Title * **First Name *** **Middle Name** **Last Name ***

Date of Birth * **Gender *** ☒ Male ☐ Female ☐ Others **Marital Status *** ☐ Single ☒ Married

Occupation * **Educational Qualification *** **Marriage Anniversary**

Spouse Details

Title **First Name** **Middle Name** **Last Name**

Spouse Date of Birth

Contact Details

Mobile Number * **Alternate Mobile Number**

Email Address * **Alternate Email Address**

ID Proof Details

Election ID Card Number **PAN** **Driving License Number**

Address Detail

Address * **District** **Landmark**

State * **District *** **Village/Town/City ***

PIN Code *

☒ I have fully understood vHealth service details. Hereby giving my consent to avail vHealth Service. *

- After filling form click on “Submit Button”
- You will receive 6 digits OTP on you mobile number.

Vakrangee Kendra
AS POKHI DENITA PRADO MEIN

Contact Details

Mobile Number *

Email Address *

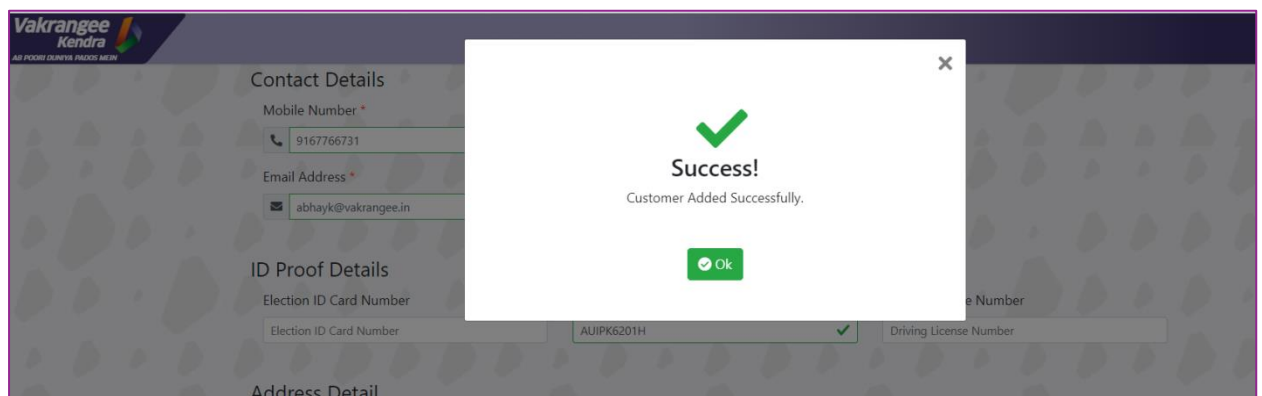
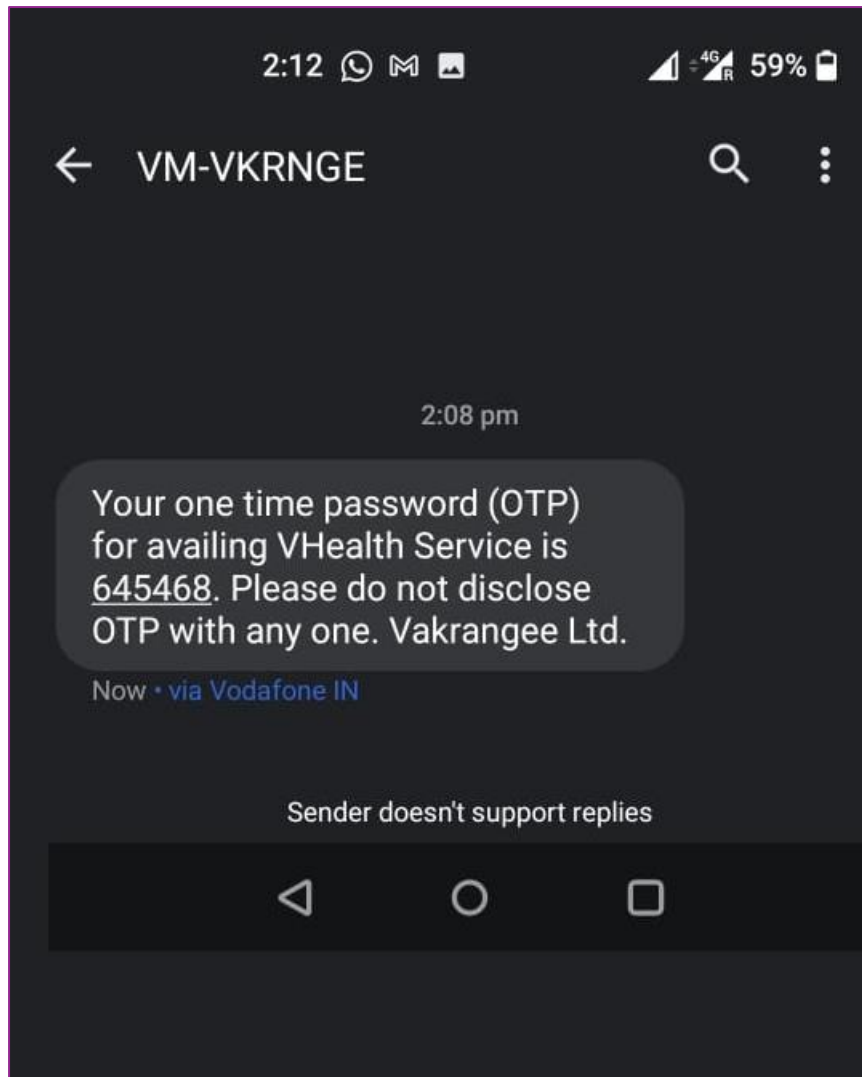
ID Proof Details

Election ID Card Number **PAN** **Driving License Number**

Verify OTP

OTP

- Below 6 digit OTP screenshot of mobile



- After OPT verification, You will get successful message “Customer Added Successfully “
- Click on “Ok” button
- Below Screen will be displayed

Vakrangee Kendra Management System

Rakesh Kumar - BR0615001

Vakrangee Kendra Management System

vHealth Subscription

Primary Member Details

Name: Abhay Kumar Mobile Number: 9167766731
Email ID: abhayk@vakrangee.in
Address: VillandPostTarahli, DistrictDarbhanga, Tara Lahi, Darbhanga,Bihar-846003

Plan *
Please Select
Variant 1 - ₹ 999.00 - Upto 2 family members
Variant 2 - ₹ 699.00 - Upto 2 family members
Variant 3 - ₹ 170.00 - Upto 2 family members

Name On vHealth Card *
Abhay Kumar

+ Add

Show 10 entries

Search:

Name	Name On Card	Mobile Number	Email	Relation With Primary Member
No records found				

Showing 1 to 1 of 1 entries

Previous 1 Next

Cancel Submit

- vHealth Plan will be populated on list.
- Select Plan and click on “Add” button to add member

Vakrangee Kendra Management System

Rakesh Kumar - BR0615001

Vakrangee Kendra Management System

vHealth Subscription

Primary Member Details

Name: Abhay Kumar Mobile Number: 9167766731
Email ID: abhayk@vakrangee.in
Address: VillandPostTarahli, DistrictDarbhanga, Tara Lahi, Darbhanga,Bihar-846003

Plan *
Variant 1 - ₹ 999.00 - Upto 2 family members

Name On vHealth Card *
Abhay Kumar

+ Add

Add Additional Member

Show 10 entries

Search:

Name	Name On Card	Mobile Number	Email	Relation With Primary Member
No records found				

Showing 1 to 1 of 1 entries

Previous 1 Next

Cancel Submit

- Below Screen will be populated

Vakrangee Kendra Management System

Rakesh Kumar - BR0615001

Vakrangee Kendra Management System

Add Member

Title *
Mr.

First Name *
Neelu

Middle Name
Middle Name

Last Name *
Saha

Name on Health Card *
Neelu Saha

Date of Birth *
30-08-1990

Mobile Number
9373794982

Email ID
abhayk07@gmail.com

Relation With Primary Member *
Spouse

Close Submit

Name	Name On Card	Mobile Number	Email	Relation With Primary Member
No records found				

Showing 1 to 1 of 1 entries

Previous 1 Next

Cancel Submit

- Fill the member details as per the form and click on “Submit” button
- Member will be added and displayed in grid list

Payment Mode

- Cash

Vakrangee Kendra Management System

vHealth Subscription

Primary Member Details

Name: Abhay Kumar Mobile Number: 9167766731
 Email ID: abhayk@vakrangee.in
 Address: villpostTaraLahi, districtDarbhanga, Tara Lahi, Darbhanga, Bihar-846003

Plan: Variant 2 - ₹ 699.00 - Upto 2 family members
 Name On vHealth Card: Abhay Kumar

Add Additional Member

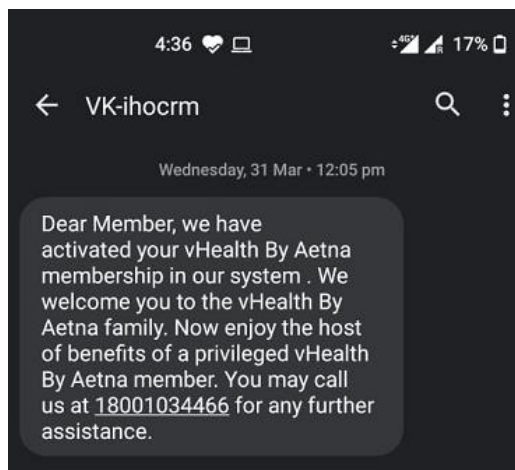
Name	Name On Card	Mobile Number	Email	Relation With Primary Member
No records found				

Showing 1 to 1 of 1 entries

Payment Option

Please select payment option: ☒ Pay by Cash ☐ Pay Online

- Select Payment option “Pay by Cash” and click on Submit “button”
- Selected plan will be booked and you will get successful message, also you will get also SMS form IHO team.



- Online Payment

- Select Payment option “Pay by Cash” and click on Submit “button”

vHealth Subscription

Primary Member Details

Name: Abhay Kumar Mobile Number: 9373794982
 Email ID: abhayk@vakrangee.in
 Address: VillageTaraIhi, Districtdrbhanga, , Tara Lahi, Darbhanga,Bihar-846003

Plan *
 Variant 1 - ₹ 1.00 - Upto 2 family members ✓

Name On vHealth Card *
 Abhay Kumar

Add Additional Member + Add

Show 10 entries Search:

Name	Name On Card	Mobile Number	Email	Relation With Primary Member
neelu abhay sah	Neelu Sah	9167766731		Spouse

Showing 1 to 1 of 1 entries Previous 1 Next

Payment Option

Please select payment option: *

☐ Pay by Cash ☒ Pay Online

Cancel Submit

Vakrangee Kendra

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English

Payment Information

Credit Card >
Debit Cards
Net Banking
Paytm
Wallet
UPI

Card Number
Expiry Date
Month Year
CVV

As per RBI's directive, w.e.f October 01, 2020, any indian debit/credit card not yet used for online e-commerce will be blocked for all online transactions. In case of such failure, please contact your card issuing bank to enable online usage.

I agree with the [Privacy Policy](#) by proceeding with this payment.

INR 1.00 (Total Amount Payable)

Make Payment Cancel

ORDER DETAILS

Order #: 1613

Coupon Code Apply

Order Amount 1.00

Total Amount INR 1.00

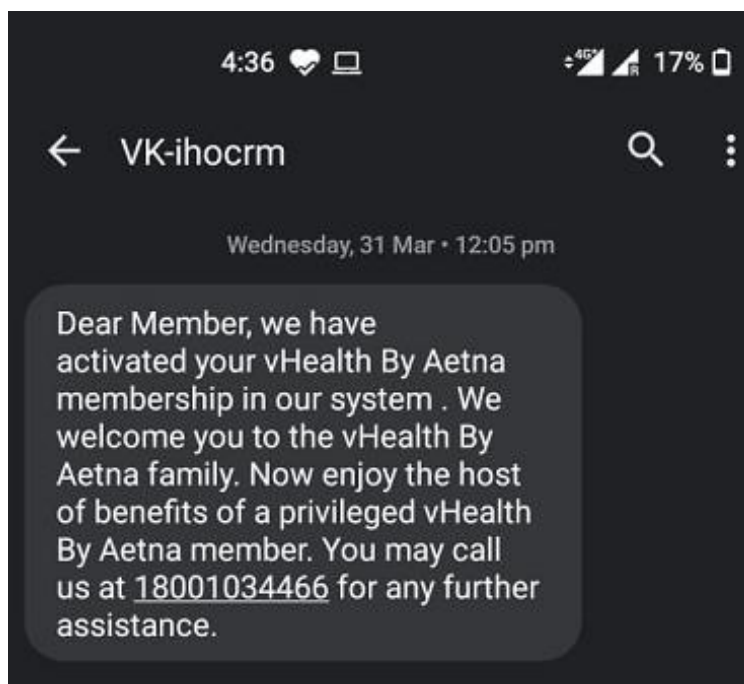
Checkout login for registered users only.

Enter Username

Enter Password

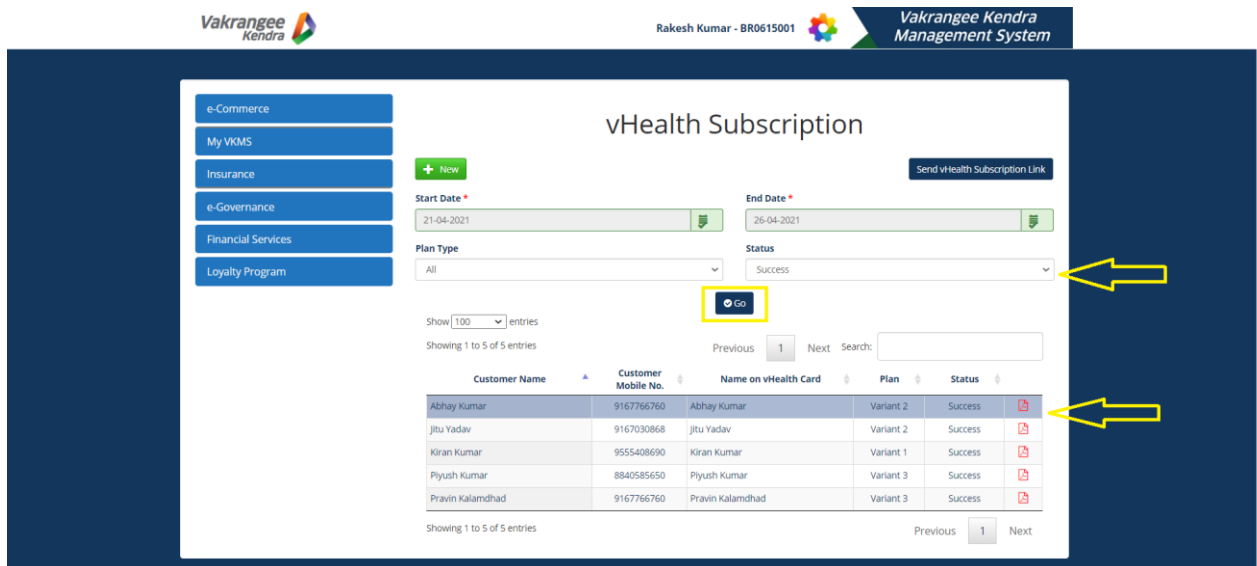
[Forgot Password?](#) Login

- Fill the payment information and click on “Make Payment” button and make the online payment.
- Once online payment completed then you will get successful message.

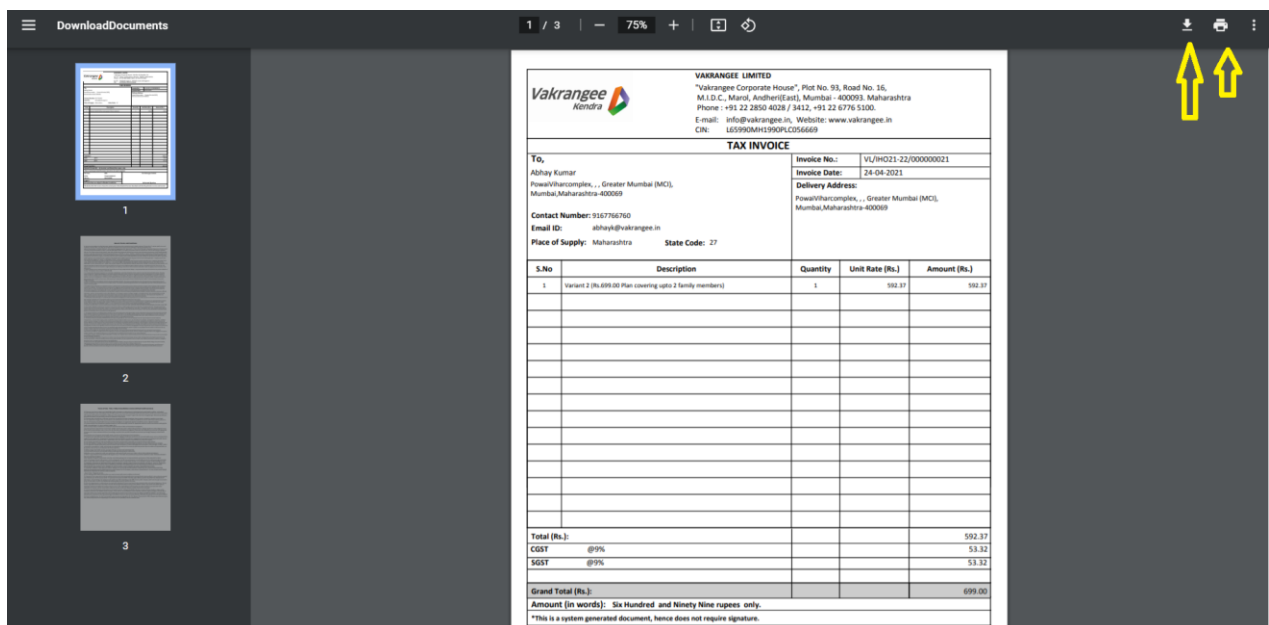


Download Invoice

- Select Start date and End date
- Select Status “Success”
- Click on “Go” button
- vHealth subscription list will be shown in grid list.
- Click on “pdf” icon to get the invoice.



- Invoice will be displayed



- You can print the invoice by clicking print icon on right top page
- Also you can download the invoice by clicking on “download icon”



Thank You

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