**User Acceptance Testing (UAT) Template**

|  |  |
| --- | --- |
| Date | 30 june 2025 |
| Team ID | LTVIP2025TMID55879 |
| Project Name | Docspot Seamless Appointment Booking for Health |
| Maximum Marks |  |

**Project Overview:**

Project Name: [Enter Project Name]

Project Description: [Brief Description of the Project]

Project Version: [Version Number]

Testing Period: [Start Date] to [End Date]

**Testing Scope:**

[List of Features and Functionalities to be Tested]

[List of User Stories or Requirements to be Tested]

**Testing Environment:**

URL/Location: [Web URL or Application Location]

Credentials (if required): [Username/Password]

**Test Cases:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Test Case ID** | **Test Scenario** | **Test Steps** | **Expected Result** | **Actual Result** | **Pass/Fail** |
| TC-001 | [Describe the scenario to be tested] | [Step 1]  [Step 2]  [Step 3] | [Describe the expected outcome] | [Record the actual outcome] | [Pass/Fail] |
| ... | ... | ... | ... | ... | ... |

**Bug Tracking:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bug ID** | **Bug Description** | **Steps to reproduce** | **Severity** | **Status** | **Additional feedback** |
| BG-001 | [Describe the issue or bug encountered] | [Step 1]  [Step 2]  [Step 3] | [Low/Medium/High] | [Open/In Progress/Closed] | [Any additional comments or feedback] |
| ... | ... | ... | ... | ... | ... |

**Sign-off:**

Tester Name: [Name of Tester]

Date: [Date of Test Completion]

Signature: [Tester's Signature]

**Notes:**

* Ensure that all test cases cover both positive and negative scenarios.
* Encourage testers to provide detailed feedback, including any suggestions for improvement.
* Bug tracking should include details such as severity, status, and steps to reproduce.
* Obtain sign-off from both the project manager and product owner before proceeding with deployment.