|  |  |  |  |
| --- | --- | --- | --- |
| **User Story Number:** |  | **Client Name involved in User Story discussion:** |  |
| **Date and Time:** |  | **Module Name:** |  |
| **User Story Recorder:** |  | **Sub Module Name(if any)** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.No.** | **As a….** | **Conditional…..** | **I want to…** | **So that…** | **Tests** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |