

User Acceptance Test – Sign Off

Ref. No.			Date		
Hostname		IP Address			
Name		Test Type	☐ Patch ☐ Change		
Description					
Impact					
User UAT Sign Off		Concern Manager/ DGM			
Sign & Date		☐ Approved ☐ Not Approved			
Name & P. No		Sign & Date			
Designation		Name			
Remarks		P.No.	P.No		
		Remarks			
	,			,	
System Admin Manager/ DGM		Action Taken by			
☐ Approved ☐ Not Approved		Sign & Date			
Sign & Date		Name			
Name		P.No			
P.No		Designation			
Remarks		Remarks			
Verified by User					
☐ Proceed for Production ☐ Aba			ndoned		
Sign & Date					
	Name				
P.No					
Designation					
Remarks					