<u>User Acceptance Test – Sign Off</u>

Ref. No.		Date	
Hostname		IP Address	
Name		Test Type	☐ Patch ☐ Change
Description			
Impact			

User UAT Sign Off

Sign & Date _____

Name & P. No. _____

Designation _____

Remarks _____

Concern Manager/ DGM

☐ Approved   ☐ Not Approved

Sign & Date _____

Name   _____

P.No.   _____

Remarks _____

System Admin Manager/ DGM

☐ Approved   ☐ Not Approved

Sign & Date _____

Name   _____

P.No.   _____

Remarks _____

Action Taken by

Sign & Date _____

Name   _____

P.No.   _____

Designation _____

Remarks _____

Verified by User

☐ Proceed for Production   ☐ Abandoned

Sign & Date _____

Name   _____

P.No.   _____

Designation _____

Remarks _____