**QA Testing Request Form – NEW DEVELOPMENT**

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| --- | --- |
| **Project Name** | **Building Regularization Scheme** |
| **Project Code** | **BRS** |
| **Project Manager Name** | **Mr. Lokesh Jella** |
| **Contact Person** | **Ms. Chaitanya Sravanthi** |
| **Date** | **23-02-2018** |

1. **Services Developed:**

Complete Functionality has been developed.

1. **Priority (High/Med/Low):**

High

1. **Whether code review was done by PL? (Yes/No):**

Yes

1. **Whether Unit Testing, module testing & Integration testing was done? (Yes/No)**

Yes

1. **Build Version with date and time stamp:**

Build Version: 2008 VS,

1. **Provide all required test data along with test URLs: (as an enclosure)**

URL: http://inctest.apcgg.gov.in/GhmcLogin.aspx

ACP – 9701362804

CP - 8008554954

Director of Planning - 9553615497

Commissioner – 9849908576

All the Passwords are 123

1. **Plan date and time for software releases**

25-02-2018

Signature/Name of PL of the Project