



# PHARMA DEVILS

QUALITY ASSURANCE DEPARTMENT

## Annexure No. 2: Verification of Installed Server

S.No.	Server Name	Server location	IP Address	Initial/Date
1.	Application Server			

### 1. Application Server

S.No.	DQ Req. No.	Description	Expected Results	Actual result meets Expected results?	Reference Test Script No.	Discrepancy (Yes/No)
<b>SERVER IDENTIFICATION</b>						
1.	---	Server Name	To be recorded	Yes <input type="checkbox"/> No <input type="checkbox"/>		
2.	---	Server Description / Hostname	To be recorded	Yes <input type="checkbox"/> No <input type="checkbox"/>		
3.	---	Location	Server room	Yes <input type="checkbox"/> No <input type="checkbox"/>		
4.	2.1.1.1	Make	IBM or Equivalent	Yes <input type="checkbox"/> No <input type="checkbox"/>		
5.	2.1.1.2	Model	X3200 or higher	Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>HARDWARE CONFIGURATION DETAILS</b>						
6.	2.1.1.3	Processor	Intel Xeon E3 or higher	Yes <input type="checkbox"/> No <input type="checkbox"/>		
7.	2.1.1.4	Clock Frequency	Minimum 2.0 Ghz	Yes <input type="checkbox"/> No <input type="checkbox"/>		
8.	2.1.1.5	RAM	8 GB or higher	Yes <input type="checkbox"/> No <input type="checkbox"/>		
9.	2.1.1.6	Capacity of HDD	500 GB or Higher	Yes <input type="checkbox"/> No <input type="checkbox"/>		



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<b>SOFTWARE CONFIGURATION DETAILS</b>						
10.	2.1.1.7	Server Operating System	Windows Server 2008 or higher	Yes <input type="checkbox"/> No <input type="checkbox"/>		
11.	2.1.1.8	License of OS	Should be Available	Yes <input type="checkbox"/> No <input type="checkbox"/>		
12.	2.1.1.10	IP Address	Should be Available	Yes <input type="checkbox"/> No <input type="checkbox"/>		
13.	2.2.1	Software Name	PERP ERP	Yes <input type="checkbox"/> No <input type="checkbox"/>		
14.	2.2.2	Application Build No.	79 or higher	Yes <input type="checkbox"/> No <input type="checkbox"/>		
15.	2.2.3	License of ERP	Should be Available	Yes <input type="checkbox"/> No <input type="checkbox"/>		

### Observations:

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