



PTPP Staff Service Rules (CSSR) Receipt and Acknowledgement

By signing this statement, I acknowledge that I have received a soft copy of the SOPs slides presented by Chip Training & Consulting (Pvt) Ltd in the SOPs Session. I also acknowledge that I have been oriented on PTPP SOPs and I am familiar with its contents and agree to abide by all the conditions of employment outlined therein.

Participant Name: **Farman Shah**

Position: Tehsil Polio Officer

A handwritten signature in black ink, appearing to read 'Farman Shah', written over a horizontal line.

Signature:

Date: 6/3/2023

CTC Official Use

CTC Focal Person : _____

CTC Facilitator: _____

