 **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: \_\_\_\_\_\_Amanullah\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_TPO\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Signature: \_\_\_\_\_\_Amanullah\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_27/04/23\_\_\_\_\_\_\_\_\_\_\_\_

**CTC Official Use**

CTC Focal Person : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CTC Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_