



## 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: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*[Handwritten signature in blue ink]*

CTC Official Use

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

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



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Participant Name: SaifUrRehman

Position: UCPO

Signature: 

Date: 29/04/2023

CTC Official Use

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

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