



PTPP Staff Service Rules (PSSR) Receipt and Acknowledgement

By signing this statement, I acknowledge that I have received the SOPs documents 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: Dr. Amun Abdullah Position: Technical Officer Smeikave

Signature: Amun Abdullah Date: 17-11-23

CTC Official Use

CTC Focal Person : _____

CTC Facilitator: _____



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Participant Name: Faiz Khan

Position: Data Assistant

Signature: 

Date: 17-11-2023

CTC Official Use

CTC Focal Person : _____

CTC Facilitator: _____



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Participant Name: SANIR RAMZAN Position: Data Assistant.

Signature:  Date: 17-11-2023

CTC Official Use

CTC Focal Person : _____

CTC Facilitator: _____



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Participant Name: Muniza Position: Program Data Assistant

Signature: Nond Date: 17-11-2023

CTC Official Use

CTC Focal Person : _____

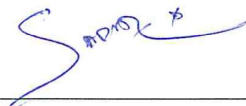
CTC Facilitator: _____



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Participant Name: RAJA SADAT SHERAZ Position: DATA ASSISTANT

Signature: 

Date: 17-11-2023

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CTC Focal Person : _____

CTC Facilitator: _____



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Participant Name: SUMAN TOBAC Position: PROGRAM DATA ASSISTANT

Signature: 

Date: 17-11-2023

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CTC Facilitator: _____



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Participant Name: AKHTAR ALI Position: Data Analyst

Signature: Akhtar Ali Date: 17/Nov/2023

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CTC Facilitator: _____



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Participant Name: Muhammad Dasim Position: Team Assistant

Signature:  Date: 17/11/2023

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Participant Name: Muhammad Sabzeeb Position: Data Assistant officer
Signature: [Handwritten Signature] Date: 17/11/2023

CTC Official Use

CTC Focal Person : _____

CTC Facilitator: _____