



## 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: Laweer Ahmad Position: Area Supervisor

Signature: [Handwritten Signature] Date: 12/10/2023

**CTC Official Use**

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

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