

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: Participant Name:	Position: CHW.
Signature:	Date: $\frac{18/10123}{}$.
CTC Official Use	
CTC Focal Person :	
CTC Facilitator:	