



# 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: \_\_\_\_\_ *[Handwritten signature]* \_\_\_\_\_ Position: \_\_\_\_\_ *[Handwritten: Ch-w]* \_\_\_\_\_

Signature: \_\_\_\_\_ *[Handwritten signature]* \_\_\_\_\_ Date: \_\_\_\_\_ *[Handwritten: 22-10-23]* \_\_\_\_\_

### CTC Official Use

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

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