

PTPP Staff Service Rules (CSSR) Receipt and Acknowledgement

**TRAINING &
CONSULTING**

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: Mr. [Signature] Position: CHW

Signature: [Signature] Date: 4-3-2024

CTC Official Use

CTC Focal Person : _____

CTC Facilitator: _____