

## 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.

Name: BUShra	CNIC: 5440+ 2085 256-2
Position: C-H-W	UC: 1-2-3-4
Signature: Bushka	Date: 9 - 5 - 9 0 9 4
CTC Official Use	
CTC Focal Person:	CTC Facilitator:

