

# 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: NAVAB Position: CHW  
Signature: NAVAB Date: 14-5-2024

CTC Official Use

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

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Participant Name: Sana Khan Position: CHW  
Signature: [Signature] Date: 14-5-24

CTC Official Use

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

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

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Participant Name: Shukria Position: CHW

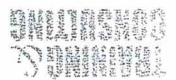
Signature: [Signature] Date: 14/5/2024

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

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Participant Name: Amum B. Lal  
Signature: [Signature]  
Position: CHW  
Date: 14-05-24

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

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Participant Name: Kalsom  
Signature: [Handwritten Signature]  
Date: 14/5/2024  
Position: CHW

CTC Official Use

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

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

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Participant Name: Hina Position: AS  
Signature: (Hina) Date: 14/5/24

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

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Participant Name: Maheed Alkhtar Position: CHM  
Signature: *Maheed Alkhtar*  
Date: 14-5-24

CTC Official Use

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

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