



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: Jalxa

CNIC: 54401-0237657-8

Position: C.H.W

UC: 5-9

Signature: Jalxa

Date: 22.05.2024

CTC Official Use

CTC Focal Person: _____

CTC Facilitator: _____