



PTPP Staff Service Rules (CSSR) Receipt and Acknowledgement

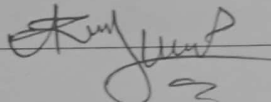
By signing this statement, I acknowledge that I have received a soft copy of the SOPs slides presented by Chip Training & Consulting (Pvt) Ltd in the SOPs Session. I also acknowledge that I have been oriented on PTPP SOPs and I am familiar with its contents and agree to abide by all the conditions of employment outlined therein.

Name: Zalman.

CNIC: 50001-1359317-6

Position: A.S

UC: Wadree Abar.

Signature: 

Date: 24/5/24.

CTC Official Use

CTC Focal Person: _____

CTC Facilitator: _____