



## 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: Shabana

CNIC: 54401-5958670-4

Position: C.H.W

UC: Khayot Abad 2

Signature: [Handwritten Signature]

Date: 21/5/2024

### CTC Official Use

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

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