



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: Malika

CNIC: 5430226153644

Position: CHW

UC: Yaro

Signature: [Signature]

Date: _____

CTC Official Use

CTC Focal Person: _____

CTC Facilitator: _____