

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: Get Sali

CNIC: 5440123844698

Position: CHW

UC: Muehan

Signature: [Signature]

Date: 06-Jun-2024

CTC Official Use

CTC Focal Person: _____

CTC Facilitator: _____