



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: KALSOOM

CNIC: 54102-6559729-6

Position: C.H.W

UC: 13-E

Signature: [Handwritten Signature]

Date: 12/6/23

CTC Official Use

CTC Focal Person: _____

CTC Facilitator: _____