PTPP Staff Service Rules (CSSR)

Receipt and Acknowledgement

TRAINING & CONSULTING

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: <u>Laveina</u> B/B/	CNIC: <u>55362-7568983-0</u>
Position: CHW	UC: MeninGounde
Signature: and my	Date: 12-6-24
CTC Official Use	
CTC Focal Person:	CTC Facilitator:

