

## 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: محمد بن عبد الله

CNIC: 5430310199804

Position: CHN

UC: 5.3  
Biplex

Signature: [Handwritten Signature]

Date: \_\_\_\_\_

CTC Official Use

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

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