



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: Sonia

CNIC: 5440059725940

Position: CHIEF

UC: CCIT

Signature: Sonia

Date: 3/19/2024

CTC Official Use

CTC Focal Person: _____

CTC Facilitator: _____