



## 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: Safia M. Khalil

CNIC: 54401-5017760-8

Position: Area Supervisor

UC: Village Head

Signature: 

Date: 05.09.24

### CTC Official Use

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

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



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Name: Rabia Bibi

CNIC: 544015452 3148

Position: CHW

UC: Tameer-e-hau

Signature: Rabia

Date: 5/9/24

### CTC Official Use

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

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