



## 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: Majiola

CNIC: 55401-9319708-8

Position: C H-W

UC: 11-B

Signature: Majiola

Date: 5-9-24

### CTC Official Use

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

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