



PTPP Staff Service Rules (PSSR) Receipt and Acknowledgement

By signing this statement, I acknowledge that I have received the SOPs documents 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.

Participant Name: Subaxee Position: CHW

Signature: [Signature] Date: 11-10-24

CTC Official Use

CTC Focal Person: [Signature]

CTC Facilitator: [Signature]

CNIC: 17301-62240400

UC: (X)ist