

TRAINING &
CONSULTING

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: Bibi Shabana

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Position: CHW

UC: Kila Uila

Signature: Shabana

Date: 22-11-2024

CTC Official Use

CTC Focal Person: _____

CTC Facilitator: _____