

PTPP Staff Service Rules (CSSR) Receipt and Acknowledgement

TRAINING &
CONSULTING

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: Faxida

CNIC: 54306-03349216

Position: CHW

UC: U/1

Signature: Faxida

Date: 19-11-2024

CTC Official Use

CTC Focal Person: _____

CTC Facilitator: _____