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:	CNIC: 54401-3618976-4
Position: AlS	UC: T.N
Signature: Aul	Date: _5/4/8034
CTC Official Use	
CTC Focal Person:	CTC Facilitator: