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

PTPP Staff Service Rules (CSSR)

TRAINING & CONSULTING

CTC Focal Person: _

Receipt and Acknowledgement

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: Shurlei lon CNIC: \$4400-3170999-8

Position: Co How UC: Stroke

Signature: Date: S/11/2024

CTC Official Use

CTC Facilitator: _