## THUNNES Consultan

Name: Sumaisamanlow

## 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.

CNIC: 54400-6296790-8

Position: CHW	UC:
Signature: <u>Ly Mo</u>	Date: 6-11-2024
CTC Official Use	
CTC Focal Person:	CTC Facilitator: