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

PTPP Staff Service Rules (CSSR)

TRAINING C. CONSULTING

CTC Focal Person

Receipt and Acknowledgement

and agree to abide by all the conditions of	employment outlined therein.
Name: Saction Gul	CNIC: <u>\$4401</u> 5053570-0
Position: CHW	uc: <u>Geo Siole</u>
Signature: Signature:	Date: 6. NOV-2024
CTC Official Use	

CTC Facilitator: