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 S. 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: Position: C-H-IN UC: 54404-6436178-6

Position: C-H-IN Date: 7-Nov-2024

CTC Official Use

CTC Facilitator: