

**TRAINING &
CONSULTING**

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.

Name: Rainab

CNIC: 4210159695634

Position: Area Supervisor

UC: Kotwal B

Signature: 

Date: 03/12/24

CTC Official Use

CTC Focal Person: _____

CTC Facilitator: _____