



GHANA NATIONAL SERVICE SCHEME
HEADQUARTERS
P.O BOX 46, PATRICE LUMUMBA ROAD
AIRPORT RESIDENTIAL AREA, ACCRA
TELEPHONE: +233-302-772714/769194



MONTHLY REPORT FORM

REGION: GREATER ACCRA	DISTRICT: LA DADE KOTOPON MUNICIPAL DISTRICT	MONTH/YEAR: February 2022		
EZWICH NO. 4195134899				
PART 1: TO BE COMPLETED BY PERSONNEL				
NAME OF PERSONNEL: AKYENA KWAKU SARFO				
NSS NUMBER: NSSGUG4154021	PHONE NUMBER +233208667186			
NAME OF INSTITUTION: UNIVERSITY OF GHANA				
SIGNATURE OF PERSONNEL:		EMAIL ADDRESS kakyena02@gmail.com		
PART 2: TO BE COMPLETED BY SUPERVISING OFFICER				
NAME OF ORGANIZATION: NATIONAL COMMUNICATION AUTHORITY (NCA), HEAD OFFICE, LA DADE KOTOPON MUNICIPAL DISTRICT, GREATER ACCRA				
TITLE/RANK	SUPERV. PHONE NUMBER			
NAME OF IMMEDIATE SUPERVISOR:				
GHANA GPS DIGITAL ADDRESS OF ORGANIZATION:	PHONE NUMBER OF YOUR ORGANIZATION			
EMAIL ADDRESS:	REPORTING MONTH February 2022			
TOTAL NUMBER OF WORKING DAYS IN THE MONTH	NUMBER OF DAYS PERSONNEL HAS BEEN AT POST			
	TICK:	VERY GOOD	GOOD	FAIR
PUNCTUALITY OF PERSONNEL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ATTITUDE TOWARDS WORK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUP. OFFICER'S SIGNATURE/OFFICIAL STAMP		DATE		
PART 3: TO BE COMPLETED BY DISTRICT DIRECTOR (NSS)				

REMARKS:

DIRECTOR'S SIGNATURE/OFFICIAL STAMP

DATE



PLEASE NOTE: THIS FORM IS TO BE COMPLETED AND SUBMITTED AT THE DISTRICT OFFICE OF THE GHANA NATIONAL SERVICE SCHEME BY THE 15TH DAY OF EVERY MONTH, FAILURE TO DO SO WILL MEAN WITHHOLDING OF PERSONNEL'S ALLOWANCE . A FORM NOT SIGNED AND STAMPED BY SUPERVISOR WILL BE DECLARED INVALID

