



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



MONTHLY REPORT FORM

REGION:	CENTRAL	DISTRICT :	EFFUTU MUNICIPAL DISTRICT	MONTH/YEAR :	October 2024
		EZWICH NO.	0507808202		
PART 1: TO BE COMPLETED BY PERSONNEL					
NAME OF PERSONNEL : AFRIFA KWAME AMANKWAH					
NSS NUMBER:		NSSGOE8194724		PHONE NUMBER +233592725542	
NAME OF INSTITUTION : UNIVERSITY OF EDUCATION					
SIGNATURE OF PERSONNEL:			EMAIL ADDRESS amankwafrifa12@gmail.com		
PART 2: TO BE COMPLETED BY SUPERVISING OFFICER					
NAME OF ORGANIZATION : PRESBYTERIAN BASIC SCHOOL, WINNEBA, HEAD OFFICE, EFFUTU MUNICIPAL DISTRICT, CENTRAL					
TITLE/RANK		SUPERV. PHONE NUMBER			
NAME OF IMMEDIATE SUPERVISOR:					
GHANA GPS DIGITAL ADDRESS OF ORGANIZATION:			PHONE NUMBER OF YOUR ORGANIZATION		
EMAIL ADDRESS:			REPORTING MONTH October 2024		
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 NATIONAL SERVICE AUTHORITY 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

