



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



### MONTHLY REPORT FORM

REGION:	GREATER ACCRA	DISTRICT :	KORLE KLOTTEY MUNICIPAL	MONTH/YEAR :	March 2025	
			EZWICH NO.	0246183286		
PART 1: TO BE COMPLETED BY PERSONNEL						
NAME OF PERSONNEL : KYEI Ernest Nkansah						
NSS NUMBER: NSSGUE8066824			PHONE NUMBER +233246183286			
NAME OF INSTITUTION : UNIVERSITY OF ENERGY AND NATURAL RESOURCES						
SIGNATURE OF PERSONNEL:			EMAIL ADDRESS kyeiernest86@gmail.com			
PART 2: TO BE COMPLETED BY SUPERVISING OFFICER						
NAME OF ORGANIZATION : GHANA-INDIA KOFI ANNAN CENTER OF EXCELLENCE IN ICT, HEAD OFFICE, KORLE KLOTTEY MUNICIPAL, 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 March 2025			
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
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DATE
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PLEASE NOTE: THIS FORM IS TO BE COMPLETED AND SUBMITTED AT THE DISTRICT OFFICE OF THE NATIONAL SERVICE AUTHORITY FROM 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

