



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 :	ACCRA METROPOLITAN DISTRICT	MONTH/YEAR :	August 2022	
		EZWICH NO.	3859521417			
PART 1: TO BE COMPLETED BY PERSONNEL						
NAME OF PERSONNEL : AFRIYIE ELIZABETH						
NSS NUMBER:		NSSGTU9234421		PHONE NUMBER +233560425514		
NAME OF INSTITUTION : GHANA COMMUNICATION TECHNOLOGY UNIVERSITY						
SIGNATURE OF PERSONNEL:			EMAIL ADDRESS lisablay27@gmail.com			
PART 2: TO BE COMPLETED BY SUPERVISING OFFICER						
NAME OF ORGANIZATION : ADVANCED INFORMATION TECHNOLOGY INSTITUTE, HEAD OFFICE,ACCRA METROPOLITAN 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 August 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 :

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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

