



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:	ASHANTI	DISTRICT :	MAMPONG MUNICIPAL DISTRICT	MONTH/YEAR :	July 2024	
		EZWICH NO.	1019366465			
PART 1: TO BE COMPLETED BY PERSONNEL						
NAME OF PERSONNEL : ALIMATU ABDULAI						
NSS NUMBER:		NSSGEW6917323		PHONE NUMBER	+233555018318	
NAME OF INSTITUTION : UNIVERSITY OF EDUCATION						
SIGNATURE OF PERSONNEL:			EMAIL ADDRESS bdlalimatu@gmail.com			
PART 2: TO BE COMPLETED BY SUPERVISING OFFICER						
NAME OF ORGANIZATION : KOFIASE HEALTH CENTRE, HEAD OFFICE,MAMPONG MUNICIPAL DISTRICT, ASHANTI						
TITLE/RANK		SUPERV. PHONE NUMBER				
NAME OF IMMEDIATE SUPERVISOR:						
GHANA GPS DIGITAL ADDRESS OF ORGANIZATION:			PHONE NUMBER OF YOUR ORGANIZATION			
EMAIL ADDRESS:			REPORTING MONTH July 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
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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 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

