



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



MONTHLY REPORT FORM

REGION:	ASHANTI	DISTRICT :	KUMASI METROPOLITAN DISTRICT	MONTH/YEAR :	February 2025	
		EZWICH NO.	0256442472			
PART 1: TO BE COMPLETED BY PERSONNEL						
NAME OF PERSONNEL : OWUSU CEASER MENSAH						
NSS NUMBER:		NSSGSU3347824		PHONE NUMBER +233256442472		
NAME OF INSTITUTION : CHRISTIAN SERVICE UNIVERSITY COLLEGE						
SIGNATURE OF PERSONNEL:			EMAIL ADDRESS ceaserbillionaire@gmail.com			
PART 2: TO BE COMPLETED BY SUPERVISING OFFICER						
NAME OF ORGANIZATION : KOMFO ANOKYE TEACHING HOSPITAL, HEAD OFFICE, KUMASI METROPOLITAN 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 February 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

DATE



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