



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:	CENTRAL	DISTRICT :	CAPE COAST METROPOLITAN DISTRICT	MONTH/YEAR :	July 2022	
		EZWICH NO.	1015912549			
PART 1: TO BE COMPLETED BY PERSONNEL						
NAME OF PERSONNEL : GYANG EMMANUEL YEBOA						
NSS NUMBER:		NSSGCC2996221	PHONE NUMBER +233550441210			
NAME OF INSTITUTION : UNIVERSITY OF CAPE COAST						
SIGNATURE OF PERSONNEL:			EMAIL ADDRESS irvingmanny@gmail.com			
PART 2: TO BE COMPLETED BY SUPERVISING OFFICER						
NAME OF ORGANIZATION : UNIVERSITY OF CAPE COAST, DIRECTORATE OF ACADEMIC AFFAIRS,CAPE COAST METROPOLITAN 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 July 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 :

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

