



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:	LA NKWANTANANG MADINA MUNICIPAL DISTRICT	MONTH/YEAR:	
		EZWICH NO.	8054057582		
PART 1: TO BE COMPLETED BY PERSONNEL					
NAME OF PERSONNEL : JABARU ABDUL AZIZ					
NSS NUMBER:		NSSGUG8259418		PHONE NUMBER	+233548600855
NAME OF INSTITUTION : UNIVERSITY OF GHANA					
SIGNATURE OF PERSONNEL:			EMAIL ADDRESS azizcj7@gmail.com		
PART 2: TO BE COMPLETED BY SUPERVISING OFFICER					
NAME OF ORGANIZATION : UNIVERSITY OF GHANA, UGBS-PUBLIC ADMINISTRATION AND HEALTH SERVICES MANAGEMENT, LA NKWANTANANG MADINA MUNICIPAL 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		
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



* NSSGUG8259418 *

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