



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 :	AYAWASO CENTRAL	MONTH/YEAR :	April 2024	
			EZWICH NO.	4867303775		
PART 1: TO BE COMPLETED BY PERSONNEL						
NAME OF PERSONNEL : ADJEI KWEKU KONADU						
NSS NUMBER:		NSSGAP9261523		PHONE NUMBER +233596191086		
NAME OF INSTITUTION : ACCRA TECHNICAL UNIVERSITY						
SIGNATURE OF PERSONNEL:			EMAIL ADDRESS konaduadjei02@gmail.com			
PART 2: TO BE COMPLETED BY SUPERVISING OFFICER						
NAME OF ORGANIZATION : COUNCIL FOR SCIENTIFIC AND INDUSTRIAL RESEARCH (CSIR), HEAD OFFICE,AYAWASO CENTRAL, 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 April 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

