



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.	1020251523			
PART 1: TO BE COMPLETED BY PERSONNEL						
NAME OF PERSONNEL : AGBENYEFIA FELICIA EYRAM						
NSS NUMBER:		NSSAHC3957623		PHONE NUMBER	+233545839656	
NAME OF INSTITUTION : UNIVERSITY OF HEALTH AND ALLIED SCIENCE						
SIGNATURE OF PERSONNEL:			EMAIL ADDRESS feliciaagbenyefia@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

DATE



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

