



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 :	September 2022
		EZWICH NO.	2853362757		
PART 1: TO BE COMPLETED BY PERSONNEL					
NAME OF PERSONNEL : UMAR HAMZA					
NSS NUMBER:		NSSGCC2994621		PHONE NUMBER	+233557566646
NAME OF INSTITUTION : UNIVERSITY OF CAPE COAST					
SIGNATURE OF PERSONNEL:			EMAIL ADDRESS humar6078@gmail.com		
PART 2: TO BE COMPLETED BY SUPERVISING OFFICER					
NAME OF ORGANIZATION : UNIVERSITY OF CAPE COAST, IT TRAINING & SUPPORT SECTION,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 September 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

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