



GHANA NATIONAL SERVICE SCHEME
HEADQUARTERS
P.O BOX 46, PATRICE LUMUMBA ROAD
AIRPORT RESIDENTIAL AREA, ACCRA
TELEPHONE: +233-302-772714/769194



ANNUAL REPORT FORM

PART I: PERSONAL PARTICULAR OF SERVICE PERSONNEL				
1. NAME ON PERSONNEL : AMISSAH ESTHER BAABA				
2. NSS NUMBER: NSSGEW8909420		3. GENDER FEMALE		
4. INSTITUTION ATTENDED: UNIVERSITY OF EDUCATION				
5. QUALIFICATION POST-DIPLOMA BACHELOR OF EDUCATION (EARLY CHILDHOOD EDUCATION)		6. DATE OF ASSUMPTION OF DUTY		
7. NAME ON ORGANIZATION : DEPARTMENT OF SOCIAL WELFARE				
ADDRESS OF ORGANIZATION:				
ORG. GHANA GPS DIGITAL ADDRESS		ORG. REGION		
PART II: TO BE COMPLETED BY SUPERVISING OFFICER				
8. HAS SERVICE PERSONNEL BEEN AT POST THROUGHOUT, SINCE DATE OF ASSUMPTION?				
<input type="radio"/> YES		<input type="radio"/> NO		FROM TO
9. IF NO, FOR HOW LONG HAS HE/SHE BEEN ABSENT?		WAS HE/SHE GRANTED PERMISSION?		<input type="radio"/> YES <input type="radio"/> NO
10. HOW DO YOU GRADE HIM IN THE FOLLOWING	VERY GOOD	GOOD	SATISFACTORY	UNSATISFACTORY
(A) CONDUCT & GENERAL BEHAVIOUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) PUNCTUALITY AND REGULARITY AT WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) INITIATIVE AND SELF CONFIDENCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) PROFESSIONAL PROFECIENCY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. ADDITIONAL REMARKS				
12. IN THE LIGHT OF YOUR ASSESSMENT, DO YOU RECOMMEND THIS PERSONNEL FOR THE AWARD OF CERTIFICATE				
(a) NATIONAL SERVICE CERTIFICATE <input type="checkbox"/>		(b) NO CERTIFICATE <input type="checkbox"/>		
NAME ON SUPERVISOR:		SIGNATURE OF SUPERVISOR		
POSITION:				
OFFICIAL STAMP		DATE		
PART III - COMMENTS BY SERVICE PERSONNEL (IF ANY)				



* NSSGEW8909420 *

