



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 :	ASHAIMAN MUNICIPAL DISTRICT	MONTH/YEAR :	June 2021
		EZWICH NO.	3020508575		
PART 1: TO BE COMPLETED BY PERSONNEL					
NAME OF PERSONNEL : GARLE JULIUS					
NSS NUMBER:		NSSGTU8021220		PHONE NUMBER +233267033605	
NAME OF INSTITUTION : GHANA TECHNOLOGY UNIVERSITY COLLEGE					
SIGNATURE OF PERSONNEL:			EMAIL ADDRESS garle44@gmail.com		
PART 2: TO BE COMPLETED BY SUPERVISING OFFICER					
NAME OF ORGANIZATION : NON-FORMAL EDUCATION DIVISION, ASHAIMAN OFFICE,ASHAIMAN 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 June 2021		
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



* NSSGTU8021220 *

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

