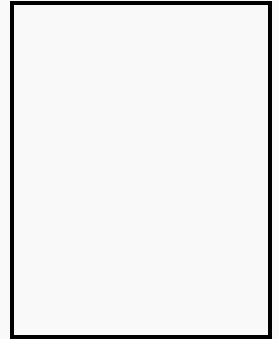




OHENEWAA EDUCATIONAL COMPLEX

MOTTO; EDUCATION FOR PROGRESS
LOC: AMPABAME NO 2 NEAR THE METHODIST CHURCH



TEACHER PROFILE

SURNAME FIRST NAME LAST /MIDDLE NAME

NAME

DATE OF BIRTH..... AGE..... SEX.....

MARITAL STATUS RELIGION.....

RESIDENTIAL ADDRESS..... MOBILE.....

HOME TOWN..... STAFF ID.....

FATHERS NAME..... MOTHERS NAME.....

ACADEMIC QUALIFICATION..... YEAR COMPLETED.....

YEAR OF APPOINTMENT..... JOB TITLE

SOCIAL SECURITY FUND NUMBER..... LOCATION.....

VOTERS ID NUMBER..... BANK ACCOUNT

TYPE OFTEACHER: CLASS / SUBJECT / HEAD LEVEL: NURSERY / KG / PRIMARY / JHS

PROFESSIONAL QUALIFICATION: [YES / NO] YEAR COMPLETED.....

NAME

SIGNATURE.....

THE HEADMASTER

SIGNATURE.....

NAME:



0245768284
0245743761
0544232981