



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



MONTHLY REPORT FORM

REGION: GREATER ACCRA	DISTRICT : LA NKWANTANANG MADINA MUNICIPAL DISTRICT	MONTH/YEAR : June 2025		
EZWICH NO. 0549361771				
PART 1: TO BE COMPLETED BY PERSONNEL				
NAME OF PERSONNEL : BOANSI Collins Kyeremateng				
NSS NUMBER: NSSGUE7853324	PHONE NUMBER +233549361771			
NAME OF INSTITUTION : UNIVERSITY OF ENERGY AND NATURAL RESOURCES				
SIGNATURE OF PERSONNEL:	EMAIL ADDRESS kyerematengcollins93@gmail.com			
PART 2: TO BE COMPLETED BY SUPERVISING OFFICER				
NAME OF ORGANIZATION : UNIVERSITY OF GHANA, GRADUATE STUDENTS' ASSOCIATION OF GHANA-LEGON, LA NKWANTANANG MADINA 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 2025			
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 NATIONAL SERVICE AUTHORITY FROM 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

