



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: NSSGUE785555 Organisation		
PHONE NUMBER +233549361771		
NAME OF INSTITUTION: UNIVERSITY OF GHANA, GRADUATE STUDENTS' ASSOCIATION OF GHANA-LEGON, LA NKWANTANANG MADINA MUNICIPAL DISTRICT, GREATER ACCRA		
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



* N S S G U E 7 8 5 3 3 2 4 *

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

