



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



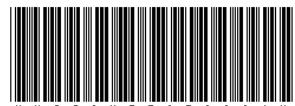
### MONTHLY REPORT FORM

REGION: GREATER ACCRA	DISTRICT: LA NKWANTANANG MADINA MUNICIPAL DISTRICT	MONTH/YEAR: June 2025
EZWICH NO. 0549361771		
<b>PART 1: TO BE COMPLETED BY PERSONNEL</b>		
NAME OF PERSON:	Collins Kyeremateng	
NSS NUMBER:	NSSGUE7853329	
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	
<b>PART 2: TO BE COMPLETED BY SUPERVISING OFFICER</b>		
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	
<b>PART 3: TO BE COMPLETED BY DISTRICT DIRECTOR (NSS)</b>		

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

