



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



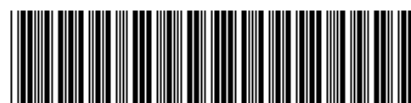
### MONTHLY REPORT FORM

REGION:	GREATER ACCRA	DISTRICT :	LA NKWANTANANG MADINA MUNICIPAL DISTRICT	MONTH/YEAR :	November 2020
		EZWICH NO.	2182494662		
PART 1: TO BE COMPLETED BY PERSONNEL					
NAME OF PERSONNEL : ALIDU BAKPATA LATIF					
NSS NUMBER:		NSSGUG7529320		PHONE NUMBER +233243809228	
NAME OF INSTITUTION : UNIVERSITY OF GHANA					
SIGNATURE OF PERSONNEL:			EMAIL ADDRESS alidubakpatalatif@gmail.com		
PART 2: TO BE COMPLETED BY SUPERVISING OFFICER					
NAME OF ORGANIZATION : UNIVERSITY OF GHANA, UG-DEPARTMENT OF CHEMISTRY,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 November 2020			
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
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DATE
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\* NSSGUG7529320 \*

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

