



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



MONTHLY REPORT FORM

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|---|---------------|---------------|---|----------------------------|--------------------------|--------------------------|
| REGION: | GREATER ACCRA | DISTRICT : | GA NORTH MUNICIPAL | MONTH/YEAR : | October 2023 | |
| | | EZWICH NO. | 5201425321 | | | |
| PART 1: TO BE COMPLETED BY PERSONNEL | | | | | | |
| NAME OF PERSONNEL : ESSUMAN ISAAC ANNING | | | | | | |
| NSS NUMBER: | | NSSGUG8475322 | | PHONE NUMBER +233544029567 | | |
| NAME OF INSTITUTION : UNIVERSITY OF GHANA | | | | | | |
| SIGNATURE OF PERSONNEL: | | | EMAIL ADDRESS lkessuman50@gmail.com | | | |
| PART 2: TO BE COMPLETED BY SUPERVISING OFFICER | | | | | | |
| NAME OF ORGANIZATION : GA NORTH MUNICIPAL ASSEMBLY, HEAD OFFICE,GA NORTH MUNICIPAL, 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 October 2023 | | | |
| 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 :

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| DIRECTOR'S SIGNATURE/OFFICIAL STAMP |
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| DATE |
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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

