



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:	GA NORTH MUNICIPAL	MONTH/YEAR:	January 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 January 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 :

DIRECTOR'S SIGNATURE/OFFICIAL STAMP

DATE



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

