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 :**	April 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**	Ikessuman50@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**	April 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	☐	☐	☐
ATTITUDE TOWARDS WORK	☐	☐	☐

SUP. OFFICER'S SIGNATURE/OFFICIAL STAMP		DATE

PART 3: TO BE COMPLETED BY DISTRICT DIRECTOR (NSS)

R E M A R K S :

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DIRECTOR'S SIGNATURE/OFFICIAL STAMP	DATE

NSSGUG8475322

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