GHANA EDUCATION SERVICE

# CENTER for QUALITY ASSESSMENT

## STAFF PARTICULARS

**ACADEMIC YEAR:** _____

**TERM:** _____

| | NAME OF TEACHER | DoB | REG. NO | STAFF ID | NTC LICENCE | SSNIT NO. | RANK | PROF. QUAL. | ACAD. QUAL. | MAJOR/ MINOR | BANK & A/C NUMBER | CLASS/ SUBJECT BEING TAUGHT | CLASS ENROLLMENT | NO. OF PERIODS | No OF YRS IN SERVICE | No OF YRS AT PRESENT SCH. | PHONE CONTACTS |
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