

KORLE BU TEACHING HOSPITAL

KBTH/HR/**FORM 1.1**



ASSUMPTION OF DUTY - ATTACHE/INTERN/NATIONAL SERVICE

(This Form must be completed immediately on assumption of duty of a staff forwarded to the Human Resource Director)

Certified by Head of Department/Administrator

1. Name of Attaché/ Intern /NSP: SALUU MUSAH AG/EMANG
2. Date of Assumption of Duty: 05/01/2026
3. Unit/ Department/Sub-BMC: MAIN STORES

Signature: [Signature]

Date: 02/02/2026

Certified by the Human Resource Directorate

1. Assumption Date verified
2. Attaché/Intern background verified

Yes ☒

No ☐

Yes ☒

No ☐

Signature: [Signature]

Date: 02/02/2026