ANNEXURE 13/1



Royal Civil Service Commission ROYAL GOVERNMENT OF BHUTAN



Promotion Form

Promotion Category:	••••	Employee	ID No.:	
NameSex:	Μ	F	Date of initial appointment:	

EDUCATION: Academic and Training (please start from the Institute last attended)

Name of School/	Location	Field of	Subje	ects			Degree/
College/Training	and	Study			Duration		Diploma
Institute	Country				C		Certificate
	-				Start	End	obtained
					Date	Date	
a.							
b.							
с.							
d.							
Research/Publication:							
Title		Date and		Purpo	se		
		reference					
a.							
b.							
с.							
If 'RCSC-Selected',							
a. Year of selection: b. Merit Rank:							

PRESENT JOB IDENTIFICATION:	
1. Position Title:	2. Position Level:
3. Sub-level	4. Major Occupational Group:

5. Sub-Group:

Date of Last Promotion:

Service History

EMPLOYMENT HISTORY - Post (s) held so far, *(starting with the present position).* Please indicate the Position Level changes.

	-					
Agency/Dept			Perio	d		Office
& Division/	Position Title	Position	From	То	Place of	Order No.
Unit		Level	(Date)	(Date)	Posting	& Date
	ł	1	1			A

If required, please attach a separate sheet.

Extraordinary Leave availed:	Long term training/Higher studies
Duration:	availed:
From:	Duration:
То:	From:
	То:
No. of active years of service completed	No. of active years of service completed
from the date of initial	since the last
appointment:	promotion:

Date and Signature of the Candidate						
PERFORM	NCE – Ratings for the	e past three y	ears: (each out of t	the total		
factors) cop	ies of performance eva	aluation repor	ts should be attac	hed.		
Year	Improvement	Good	Very Good	Outstanding		
	Needed					
(i) PROMO	I TION RECOMMENDE	D				
1 Position	Title:	2. Pos	sition Level:			
3. Sub-lev	el	4. Maj	or Occupational G	roup:		
5. Sub-Group:						
(ii) Is the proposed promotion against the approved post? Yes No						
(iii) State whether the candidate fully matches the job requirements of the post.						
Information verified by HR Officer/Chief HR Officer of Agency						
Date						
Signature						
Name & Position Title						
(Official Seal)						

Recommendation of the Agency	
I certify that the information furnished in this form has been verifie	d and is found
correct and that there is no adverse report against him during the p	past three years.
Date Signature Name & Posi	
the recommending a	
(Official Seal) Decision of the HR Committee	
	Recommended
Reference- HR Committee meeting No.: Date:	
Date	Signature
Chairpers	son, HR Committee
Information verified by RCSC:	
Name of the Chief/HR Officer, HRMD	
(Official Seal)	
Date:	
Decision of the RCSC:	
Commission Meeting No date	
Approved w. e. f. DateMonthYear	
Not approved:	
Date:	