



Bhutan Power Corporation Limited

Thimphu : Bhutan

MERITORIOUS PROMOTION RECOMMENDATION FORM

Deserving employees who have completed 75% of actual time required in the present grade may be considered for meritorious/out of turn promotion, provided that the concerned Departmental Head justifies the nomination by completing the format specified below.

Immediate Supervisor: Please complete the following format most accurately as your statements, information and assessments shall be liable for further verification.

(A):

1. a.	Name & Employee Id. No. of official proposed for meritorious promotion:	
1. b.	Department, Division and Unit:	
2. a.	Initial Appointment date:	
2. b.	Entry Grade & Designation:	
2. a.	Last promotion date & promoted grade	
3. a.	Present Post Designation, Grade & Qualification:	
3. b.	Proposed Post Designation & Grade:	
3. c.	Name of immediate supervisor recommending the proposal:	

(B):1. Describe present responsibility of the official (if required attach separate sheet(s)):

Sl. No.	Present Responsibilities	Comments (To be filled by Supervisor)
1.		
2.		
3.		

2. Three (3) recent years PMS rating to justify the Meritorious Promotion proposal:

Sl. No.	Year	Rating Achievement
Year 1		
Year 2		
Year 3		
Average Rating for 3 years		

Copies of achieved rating should be attached.

3. Describe the proposed job very clearly (if required attach separate sheet (s)):

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4. Describe the potentials of the official to assume the responsibility of the proposed post (if required attach separate sheet (s)):

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5. a. Achievements/ Impacts

(Impacts may be described in terms of efficiency, economy or other improvements in Organizational operations). Normal functions /responsibilities to be excluded. If required, please attach extra sheet (s))

Sl No	Achievement category	List Achievements	Describe Achievement	List Impact of the Achievements	Describe the impact
1	Special/ Outstanding act or service in the public interests	1.			
		2.			
		3.			
2	Suggestions	1.			
		2.			
		3.			
3	Inventions/ Innovative ideas	1.			
		2.			
		3.			
4	Other specific accomplishments/ Achievements	1.			
		2.			
		3.			

5. b. List documentary evidences for 5 (a), (if required attach separate sheet (s)):

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As an immediate supervisor, I hereby certify that the above information and assessment are correct to the best of my knowledge. I understand that I am liable for further explanations and enquiry as deemed appropriate in the event that the above information is incomplete or incorrect.

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Name & Designation of immediate Supervisor

Signature of immediate Supervisor/ Date

Recommendations of the Head of the Wing/ Department (*if required attach separate sheet(s)*):

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.....
.....
.....

Date

Place

Signature

Name & Designation