



Royal Civil Service Commission
ROYAL GOVERNMENT OF BHUTAN



Promotion Form

Promotion Category: **Employee ID No.:**

Name Sex: M ☐ F ☐ Date of initial appointment:

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

Name of School/ College/Training Institute	Location and Country	Field of Study	Subjects	Duration		Degree/ Diploma Certificate obtained
				Start Date	End Date	
a.						
b.						
c.						
d.						
Research/Publication:						
Title		Date and reference		Purpose		
a.						
b.						
c.						
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 & Division/ Unit	Position Title	Position Level	Period		Place of Posting	Office Order No. & Date
			From (Date)	To (Date)		

If required, please attach a separate sheet.

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

Date and Signature of the Candidate

PERFORMANCE – Ratings for the past three years: (each out of the total factors)
copies of performance evaluation reports should be attached.

Year	Improvement Needed	Good	Very Good	Outstanding

(i) PROMOTION RECOMMENDED

1 Position Title:

2. Position Level:

3. Sub-level.....

4. Major Occupational Group:

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 verified and is found correct and that there is no adverse report against him during the past three years.

Date

Signature

Name & Position Title
of the recommending authority

(Official Seal)

Decision of the HR Committee

Approved ☐ Not Approved ☐ Recommended ☐ Not Recommended ☐

Reference- HR Committee meeting no:.....

Date:.....

Date

Signature

Chairperson, 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. Date _____ Month _____ Year _____

Not approved: -----

Date: