# **ANNEXURE 16: MERITORIOUS PROMOTION FORM**

|  |  |
| --- | --- |
|  | **BPCDzo**  **Bhutan Power Corporation Limit**  ***(An ISO 9001:2015, ISO 14001:2015 & OHSAS 18001:2007 Certified Company)***  **Registered Office, Thimphu** |

MERITORIOUS PROMOTION RECOMMENDATION FORM

Deserving employees who have completed 75% of actual time required in the present grade, with average outstanding performance rating [of three recent years], may be eligible to propose 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.***

|  |  |
| --- | --- |
| ***Name & Personnel No. of official proposed for meritorious promotion:*** | ***Entry Grade & Designation:***  *(initial appointment grade & Designation)* |
| ***Department, Division and Unit:*** | ***Last promotion date & promoted grade:*** |
| ***Initial Appointment date:*** | ***No of years completed in present grade:***  *(Must be equal to or more than 75% of the required no. of years for promotion in present grade):* |
| ***Proposed Post Designation & Grade:*** | ***Present grade & Post Designation:*** |
| ***Name of immediate supervisor recommending the proposal:*** | ***Candidate’s Qualification:*** |

|  |  |
| --- | --- |
| ***Extraordinary Leave availed (if applicable) :*** | ***Study Leave availed (if applicable) :*** |
| *Duration:* | *Duration:* |
| *From:* | *From:* |
| *To:* | *To:* |

*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 |  |  |

*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 recent years [Should be equal to or above 86%]* | |  |

Past promotion detail: *(if required attach separate sheet(s)):*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Sl. No*** | ***Date of promotion*** | ***Promoted from –to -Grade*** | ***Type of promotion (normal/meritorious/fast track)*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*Copies of past promotion orders should be attached*

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

……………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………………………………………………………………

*Describe the potentials of the official to assume the responsibility of the proposed post (if required attach separate sheet)*

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Achievements/Impacts**

*(Impacts may be described in terms of efficiency, economy or other improvements in Organizational operations). Normal function/responsibilities should 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 |  |  |  |

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

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

***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*.**

…………………………………………….

…………………………………………….

**Name & Designation of immediate Supervisor Signature of immediate Supervisor/Date**

***Cross check the detail by concerned HR Admin Sign and Date***

**Recommendations of the Head of the Division *(if required attach separate sheet(s))***:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Name & Signature of Division Head***

***Date***

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

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Name & Signature of General Manager Date***

(RECOMMENDED BY HEAD OF SERVICES)

**Signature & Date**. 