# **ANNEXURE 15: NORMAL PROMOTION FORM**

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

**Normal Promotion Recommendation Form**

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| --- | --- |
| Employee Personnel No: | Date of Joining Service:  *(Please use DD/MM/YYYY format)* |
| CID No: | Entry Grade:*(initial appointment grade)* |
| Name: *(Name of the employee in block letters)* | Present Grade: |
| Designation:  *(Designation of Employee)* | Date of last Promotion: |
| Office: | Qualification: |
| Department: | Increment Cycle: |

1. **Recent three years rating**

|  |  |
| --- | --- |
| **Year** | **Summary Rating** |
| Year \_\_\_\_\_\_\_\_\_\_ |  |
| Year \_\_\_\_\_\_\_\_\_\_ |  |
| Year\_\_\_\_\_\_\_\_\_\_ |  |
| Average Rating (average of recent 3 years) |  |

|  |
| --- |
| Briefly comment on the overall behavior and performance of the employee (to be filled up by the supervisor): |

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| **Documents to be attached** |
| * Security Clearance |
| * CID Copy |
| * Audit Clearance |
| * Recent 3 years Rating |
| * Clearance from Internal Audit (BPC) |

**3 (a)**

**3 (b)**

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

***Date & Signature of Candidate***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***I certify that the information furnished in this form has been verified and is found correct and there is no adverse report/record against the employee during the past …….years (required no. of years for promotion).***

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

***Name &Signature of immediate supervisor Date***

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

***Name & Signature of Division Manager Date***

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

RECOMMENDED BY HEAD OF DEPARTMENT

**Signature & Date**.