# **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**

|  |  |
| --- | --- |
| 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): |

|  |
| --- |
| **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**.