

**ROYAL UNIVERSITY OF BHUTAN  
SUPPLEMENTARY MERITORIOUS PROMOTION PROPOSAL FORM**

To be completed by the Immediate Supervisor:

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

1. Name of immediate supervisor recommending the proposal: \_\_\_\_\_

2. Name of official proposed for meritorious promotion: \_\_\_\_\_

3. Agency/Division/Section: \_\_\_\_\_

4. Present Position Title: \_\_\_\_\_

Position Level & Sub Level: \_\_\_\_\_

Describe present responsibility of the official (if required attach a separate sheet)

5. Proposed Position Title: \_\_\_\_\_

Position Level & Sub Level: \_\_\_\_\_

Describe the proposed job very clearly (if required attach a separate sheet)

6. Describe the potentials of the official to assume the responsibility of the proposed post:

7. Besides normal duties, what are the 3 specific outstanding achievements of the official? Please complete the attached form.

8.

**a. Achievements/Impacts**

*(Impacts may be described in terms of efficiency, economy or other improvements in government operations). If required, please attach an extra sheet.*

Sl. No.	Achievement category	List Achievements	Describe Achievement	List Impact of the Achievements	Describe the impact
1	Describe the impact	1			
		2			
		3			
2	Suggestions	1			
		2			
		3			
3	Inventions	1			
		2			
		3			

4	Other accomplishments	1			
		2			
		3			

**b. List documentary evidences:**

**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.**

**Signature of immediate supervisor/Date**

**Recommendations of the Chief of Division**

**Date :  
Place :**

**Signature :  
Name & Designation of Chief of Division :**

**Recommendations of the Head of the Department**

**Date :**  
**Place :**

**Signature :**  
**Name & Designation of**  
**Head of the Dept/Agency:**

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**Reference : HR Committee Meeting No.....dated.....**

<b>Recommended</b>	
<b>Not Recommended</b>	

**Date :**  
**Place :**

**Signature :**  
**Name & Designation of**  
**Head of the Ministry :**