



ཞེ་སམར་རྒྱལ་པོ་གསོལ་ལྷན་ཁག་གཞུག་ལག་སློབ་ལྷན།

Royal Government of Bhutan

Khesar Gyalpo University of Medical Sciences of Bhutan

Thimphu: Bhutan



PROMOTION FORM

EMPLOYEE ID No.:

Name:		Gender: Male Female	
Date of Birth:	Day	Month	Nationality:
Year			
Citizenship Card No.:		Date of issue: __/__/____	Place of issue:
Full Postal Address:	House No.:	Thram No.:	Village:
	Gewog :	Thromde:	Dzongkhag:
(i) Father: Kinzang Dorji			
(ii) Mother: Pelden			
(iii) Spouse: Pelden			

PRESENT JOB IDENTIFICATION:

1. Position Title: 2. Position Level:
3. Pay Scale: 4. Date of Last Promotion:

Attach a copy of specific duties and responsibilities of the position.

Agency/Dept & Division/Unit	Position Title	Position Level	Period		Place of Posting	Office Order No. & Date
			From (Date)	To (Date)		

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

If required, please attach a separate sheet.

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

Name of School/ College/ Training University	Location and Country	Field of Study	Subjects	Duration		Degree/Diploma Certificate obtained
				Start Date	End Date	

Research/Publication:

Title	Date	Purpose
a.		
b.		
c.		

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

Year	Outstanding	Very Good	Good	Improvement Needed

(i) **PROMOTION RECOMMENDED**

1. Position Title: 2. Position Level:
3. Pay Scale:

(ii) Is the proposed promotion against the approved post?

(iii) State whether the candidate fully matches the job requirement of the post:

Information verified by HR Officer/ Chief HR Officer of the Agency

Date:

**Signature
Name and Position Title
(Official Seal)**

Recommendation of the Faculty

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 and Position Title
of the recommending authority**

Information verified by KGUMSB

**Name of the Chief/ HR Officer
(Official Seal)**

Recommendation/Decision of the HR Committee

Date:

**Signature
Chairperson, HR Committee**

**Recommendation of HRC, KGUMSB (Reference of the Committee Meeting No..... dated
.....)**

Approved: w.e.f Date.....Month.....Year.....

Not Approved

Date:

**Signature of the President
(Official Seal)**

Committee