

ROYAL CIVIL SERVICE COMMISSION

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	Special act or service in the public interests	1.			
		2.			
		3.			
2	Suggestions	1.			
		2.			
		3.			
3	Inventions	1.			

		2.			
		3.			
4	Other accomplishments	1.			
		2.			
		3			

8. 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:**

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

Recommended

Not Recommended

Date :

Place :

Signature :

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