



གཤམ་རྒྱལ་པོ་གསོ་རིག་གཞུག་ལག་སློབ་ཕྱེ།
Khesar Gyalpo University of Medical Sciences of Bhutan
Royal Government of Bhutan
Thimphu: Bhutan



PROMOTION FORM

EMPLOYEE ID No.:

Name: _____		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth: <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>	Nationality: _____		
Citizenship Card No.: _____		Date of issue: __/__/____ Place of issue: _____	
Full Postal Address:	House No.: _____	Thram No.: _____	Village: _____
	Gewog : _____		Thromde: _____ Dzongkhag: _____
(i) Father: _____			
(ii) Mother: _____			
(iii) Spouse: _____			

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)		

If required, please attach a separate sheet.

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

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

Name of School/	Location	Field of	Subjects	Duration	Degree/Diploma



ཞེས་ར་རྒྱལ་པོ་གསོའི་གཞུག་ལགསློབ་ལྷེ།
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College/ Training University	and Country	Study		Start Date	End Date	Certificate obtained
a.						
b.						
c.						
d.						

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)



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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 UMSB

Recommendation/Decision of the HR Committee

Recommendation of HRC, UMSB (Reference of the Committee Meeting No..... dated

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

Not Approved

Date:

Signature of the President
(Official Seal)

