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|  |  ***Annexure 8/1*****Royal University of Bhutan****Promotion Form** |  |

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| --- | --- |
| **SID number:** |  |
| **Name:** |  |
| **Gender:** | M | F |   |
| **Date of Birth:** |  Day |  Month |  Year | Nationality |
|  |  |  |  |
| **Citizenship ID number:** Date of Expiry: |  |
|  |
|  |  |
| **Education:** Academic and Professional Development (please start from the Institute last attended) |
| **Name of University/College/ Institute/School** | **Location and Country** | **Field of Study** | **Major**  | **Duration** | **Degree/Diploma/Certificate obtained** |
| **Start Date** | **End Date** |
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|  |  |  |  |  |  |  |
| **Research and Publication:** |
| **Title** | **Date** | **Name of the Journal/Books (with ISSN/ISBN or other details)** |
|  |  |  |
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|  |  |  |
|  |  |  |
| **Present Job Identification:** |
| 1. Position Title: | 3. Pay Scale: |
| 2. Position Level: | 4. Occupational Group: |
|  |  |
|  |  |
| **Employment History-** Position held so far (starting with the present position) |
|  College/OVC/ Department/Section |  Position Title | Position Level | Period | Place of Posting | Office Order No. & Date |
|  |
| From (mm/yyyy) | To (mm/yyyy) |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |
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|   |   |   |   |   |   |   |
| If required, attach a separate sheet. |
|  |  |  |  |  |  |  |
| **Extraordinary Leave availed:** | **Study Leave availed for long term Professional Development** |
| Duration: | Duration: |
| From: | From: |
| To: | To: |
|  |  |
| No. of active years of services since the date of initial appointment:…………………………………….. | No. of active years of services since the date of last promotion:…………………………………………………………… |
|  |  |  |  |  |
| **Performance** – Ratings for the past three to four years: (each out of the total factors) copies of performance evaluation reports should be attached. |
| Year | Improvement Needed | Good | Very Good | Outstanding |
|  |  |  |  |  |
|  |  |  |  |  |
|   |   |   |   |   |
|  |  |  |  |  |
| (i) Promotion recommended to: |
|  |
| 1 Position Title: ………………...………….3.Pay Scale:…...………………... ………….. |
| 2. Position Level:…………………………..4. Occupational Group:……………………… |
|   |
|  |
| Information verified by HR/Administrative Officer |
|  |
| **Signature & Date** |
| **Name & Position Title** |
| (Official Seal) |
|  |  |  |  |  |
| Recommendation of the College/OVC |
| I also 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. |
|  |
| **Signature & Date** |
| **Name & Position Title of the recommending authority** |
| Recommendation/decision of the College/OVC |
|  |
| **Signature & Date** |
| **Chairperson,** |
| **HR Committee** |
|  |
| Information verified by the University: |
| **Name of the HRO, HR Division Name of the Chief HRO, HR Division** |
| **(Official Seal) (Official Seal)** |
| **Date: Date:** |