

ROYAL CIVIL SERVICE COMMISSION

SUPPLEMENTARY MERITORIOUS PROMOTION FORM

A civil servant who is sincere, hardworking and dedicated to one's profession may be considered for meritorious promotion relaxing the minimum required experience prescribed under rule No. 4 of promotion rules and regulations provided the organization justifies the nomination by completing the format specified below.

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. Organization/Division/Section :
4. Present position/cadre/grade :
Describe present responsibility of the official (if required attach a separate sheet)

5. Proposed post/cadre/grade of the official :
Describe the proposed job very clearly (if required attach a separate sheet)

6. Formal Academic Qualification/training of the official :

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

8. 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.

Name of Immediate Supervisor/Designation

Signature of immediate supervisor/Date

Recommendations of the Head of the Department

Date :
Place :

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

Recommended

Not Recommended

Date :
Place :

Signature :
Name & Designation of
Head of the Ministry :
