

**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 : \_\_\_\_\_**

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**Recommended**   
**Not Recommended**   
**Date : \_\_\_\_\_**  
**Place : \_\_\_\_\_**  
**Signature : \_\_\_\_\_**  
**Name & Designation of : \_\_\_\_\_**  
**Head of the Ministry : \_\_\_\_\_**

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