

PERSONAL DATA SHEET

**WARNING:** Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

**READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.**

Print legibly. Tick appropriate boxes (☐) and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	PANILAG		
FIRST NAME	IAN NIÑO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	SABIDO		
3. DATE OF BIRTH (mm/dd/yyyy)	01/15/1998	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	PALO, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.6 cm	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street
8. WEIGHT (kg)	65kg		STO NIÑO
9. BLOOD TYPE	A+		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		TANAUAN LEYTE
11. PAG-IBIG ID NO.	1212-8113-4964	ZIP CODE	6502
12. PHILHEALTH NO.	13-251674075-6	18. PERMANENT ADDRESS	House/Block/Lot No. Street
13. SSS NO.	35-0334639-4		STO NIÑO
14. TIN NO.	391-328-137-000		Subdivision/Village Barangay
15. AGENCY EMPLOYEE NO.	08-0005553		TANAUAN LEYTE
19. TELEPHONE NO.	N/A	ZIP CODE	6502
20. MOBILE NO.	09122454333	21. E-MAIL ADDRESS (if any)	ianninopanilag@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PANILAG			
FIRST NAME	NOEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	NUÑEZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	SABIDO			
FIRST NAME	GLENDA			
MIDDLE NAME	MENDIGO		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	STO NIÑO ELEMENTARY SCHOOL	ELEMENTARY	2007	2011	N/A	2011	TOP 6 ACHIEVER
SECONDARY	TANAUAN NATIONAL HIGHSCHOOL	HIGHSCHOOL	2011	2015	N/A	2015	NA
VOCATIONAL /	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN INFORMATION TECHNOLOGY	2015	2020	N/A	2020	NA
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	JUNE 24, 2024



VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
TRAINING ON REPUBLIC ACT 9184 AND ITS 2016 REVISED IMPLEMENTING RULES AND REGULATIONS	11/29/2023	2/12/2023	24 HOURS	TECHNICAL	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT / DEPARTMENT OF BUDGET AND MANAGEMENT
USER'S TRAINING ON THE INTEGRATED FINANCIAL MANAGEMENT INFORMATION SYSTEM	7/11/2023	7/11/2023	8 HOURS	TECHNICAL	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
TRAINING ON RECORDS DISPOSITION, DISPOSAL AND ARCHIVING IN MANAGING PUBLIC RECORDS OF DSWD FIELD OFFICE VIII	9/10/2023	10/10/2023	16 HOURS	TECHNICAL	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
BASIC OF CYBERSECURITY INCIDENT RESPONSE AND HANDLING	07/28/2023	07/28/2023	5 HOURS	TECHNICAL	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
BASIC ORIENTATION ON RECORDS AND ARCHIVES MANAGEMENT FOR NEWLY DESIGNATED RECORDS MANAGEMENT OFFICERS	04/25/2023	04/25/2023	6 HOURS AND 30 MINUTES	TECHNICAL	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
BASIC ORIENTATION ON RECORDS AND ARCHIVES MANAGEMENT FOR NEWLY DESIGNATED RECORDS MANAGEMENT OFFICERS	11/24/2022	11/24/2022	6 HOURS AND 30 MINUTES	TECHNICAL	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
ORIENTATION ON ENHANCED AND DOCUMENT TRANSACTION MANAGEMENT SYSTEM VERSION 2.0 FOR ALL INCOMING AND OUTGOING PERSONNEL AND BASIC ORIENTATION ON RECORDS MANAGEMENT	11/08/2022	11/10/2022	24 HOURS	TECHNICAL	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
"GENDER SENSITIVITY TRAINING" ON RA 11313 OR THE SAFE SPACE ACT ALSO KNOWN AS THE BAWAL BASTOS LAW	10/14/2022	10/14/2022	8 HOURS	TECHNICAL	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
GRIEVANCE MANAGEMENT AND LEGAL WRITING	02/08/2022	02/08/2022	8 HOURS	TECHNICAL	DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
PLAYING MOBA GAMES	None	NONE
WATCHING MOVIES		
MS OFFICE COMPETENT		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 24, 2024
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,  
a. within the third degree?  
b. within the fourth degree (for Local Government Unit - Career Employees)?

☐ YES☒ NO

☐ YES☐ NO

If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?  
  
b. Have you been criminally charged before any court?

☐ YES☒ NO

If YES, give details:

☐ YES☒ NO

If YES, give details:

Date Filed: Status of Case/s:

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES☒ NO

If YES, give details:

37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?

☒ YES☐ NO

If YES, give details:

END OF TERMS

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?  
  
b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?

☐ YES☒ NO

If YES, give details:

☐ YES☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ NO

If YES, give details (country):

40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:  
a. Are you a member of any indigenous group?  
b. Are you a person with disability?  
c. Are you a solo parent?

☐ YES☒ NO

If YES, please specify:

☐ YES☒ NO

If YES, please specify ID No:

☐ YES☒ NO

If YES, please specify ID No:

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
ORVILLE C. BERINO	TACLOBAN CITY	9278379842
DAISY MAE D. CERA	CARIGARA	9177004780
ALNOR A. REALINO	ABUYOG	9054974685

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **TIN**

ID/License/Passport No.: **391-328-137-000**

Date/Place of Issuance: **10/12/2021 / PALO LEYTE**

Signature (Sign inside the box)

June 24, 2024

Date Accomplished

PHOTO

Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

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