

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. F

I. PERSONAL INFORMATION

2. SURNAME	GARCIANO		
FIRST NAME	JOSELITO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	RICAFRETE		
3. DATE OF BIRTH (mm/dd/yyyy)	19/08/1971	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturaliza Pls. indicate country:
4. PLACE OF BIRTH	CEBU CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	SOONG 2 _____ Street _____ MACTAN _____ Barangay LAPU-LAPU CITY CEBU _____ City/Municipality Province
7. HEIGHT (m)	1.73	ZIP CODE	6015
8. WEIGHT (kg)	60		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	SOONG 2 _____ Street _____ MACTAN _____ Barangay LAPU-LAPU CITY CEBU _____ City/Municipality Province
10. GSIS ID NO.	NOT APPLICABLE	ZIP CODE	6015
11. PAG-IBIG ID NO.	NOT APPLICABLE		
12. PHILHEALTH NO.	12-050141772-1		
13. SSS NO.	06-1620641-8	19. TELEPHONE NO.	268 7349
14. TIN NO.	204-087-743	20. MOBILE NO.	0923 121 9976
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	drgarcianojoselito@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	DIHAYCO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH
FIRST NAME	MARICHU	NAME EXTENSION (JR., SR)	ART SEALTIEL D. GARCIANO	14/04
MIDDLE NAME	PEJANA		ANDREI MIKHAELA D. GARCIANO	25/09
OCCUPATION	PROFESSOR			
EMPLOYER/BUSINESS NAME	MANDAUE CITY COLLEGE			
BUSINESS ADDRESS	DON ANDRES SORIANO AVENUE, CENTRO, MANDAUE CITY			
TELEPHONE NO.	236-5520			
24. FATHER'S SURNAME	GARCIANO			
FIRST NAME	DIOSDADO	NAME EXTENSION (JR., SR) SR.		
MIDDLE NAME	LELIS			
25. MOTHER'S MAIDEN NAME	RICAFORT			
SURNAME	GARCIANO			
FIRST NAME	TERESITA			
MIDDLE NAME	RICAFRETE		(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
			From	To		
ELEMENTARY	TEJERO ELEMENTARY SCHOOL	ELEMENTARY GRADUATE	01/06/1979	01/03/1984	COMPLETED	1984
SECONDARY	UNIVERSITY OF THE VISAYA MAIN CAMPUS	HIGH SCHOOL GRADUATE	01/06/1984	01/03/1988	COMPLETED	1988

VOCATIONAL / TRADE COURSE	NOT APPLICABLE	NOT APPLICABLE	NA	NA	NA	NA
COLLEGE	SAN CARLOS SEMINARY COLLEGE	BACHELOR OF ARTS IN PHILOSOPHY AND ENGLISH	01/03/1992	01/03/1996	COMPLETED	1996
GRADUATE STUDIES	CEBU TECHNOLOGICAL UNIVERSITY	DOCTOR IN PHILOSOPHY IN TECHNOLOGY MANAGEMENT	01/08/2016	01/11/2018	COMPLETED	2018
<i>(Continue on separate sheet if necessary)</i>						
SIGNATURE			DATE		September 16, 2022	

[illegible]

NA
NA
NA