

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	MANGAYA			
FIRST NAME	DYAZIA	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	GARCIA			
3. DATE OF BIRTH (mm/dd/yyyy)	12/30/1997	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship	
4. PLACE OF BIRTH	Poblacion, Bulalacao, Oriental Mindoro	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> By birth <input type="checkbox"/> By naturalization	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Philippines	
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:	17. RESIDENTIAL ADDRESS	N/A	
7. HEIGHT (m)	1.60	ZIP CODE	N/A	
8. WEIGHT (kg)	60		House/Block/Lot No.	Street
9. BLOOD TYPE	O+		N/A	Campaasan
10. GSIS ID NO.	N/A		Subdivision/Village	Barangay
11. PAG-IBIG ID NO.	121233707899		Bulalacao	Oriental Mindoro
12. PHILHEALTH NO.	09-25166890-1	ZIP CODE	City/Municipality	Province
13. SSS NO.	04-4129755-3		18. PERMANENT ADDRESS	N/A
14. TIN NO.	728-949-326-90		House/Block/Lot No.	Street
15. AGENCY EMPLOYEE NO.			N/A	Campaasan
16. CITIZENSHIP			Subdivision/Village	Barangay
17. RESIDENTIAL ADDRESS		Bulalacao	Oriental Mindoro	
18. PERMANENT ADDRESS		City/Municipality	Province	
19. TELEPHONE NO.		20. MOBILE NO.	09855881562	
20. MOBILE NO.		21. E-MAIL ADDRESS (if any)	dyaziagm@gmail.com	
21. E-MAIL ADDRESS (if any)				

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	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	Mangaya		
FIRST NAME	Randy		
MIDDLE NAME	Telesforo		
25. MOTHER'S MAIDEN NAME	Cristie Contreras Garcia		
SURNAME	Mangaya		
FIRST NAME	Cristie Contreras Garcia		
MIDDLE NAME	Garcia		
(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	Bulalacao Central School	Primary Education	2004	2010	N/A	2010	With Honor
SECONDARY	Bulalacao National High School	Secondary	2010	2014	N/A	2014	None
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Mindoro State University	Bachelor of Science in Horticulture	2014	2018	N/A	2018	Scholastic Awardee
GRADUATE STUDIES	Visayas State University	Masters of Science in Entomology	2020	2024	N/A	2024	DOST-ASTHRDP
(Continue on separate sheet if necessary)							

SIGNATURE		DATE	06/26/2024
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]


(Continue on separate sheet if necessary)





V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	06/26/2024
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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	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			
	Decoding Plant Viral Diseases: Advancements and Vironomic Insights from the Philippines	06/18/2024	06/18/2024	4hrs	Technical	UPLB - College of Agriculture and Food Science
	Bioer-Gene Explorer: PCR End User Training	04/19/2024	04/19/2024	4hrs	Technical	Insect Path Lab - Department of Pest Management
	Challenges in Horticultural Foods Safety and Trade: Frol MRL's to Microbes to Mycotoxins	05/18/2023	05/18/2023	2.5 hrs	Technical	ACIAR_GAP Project
	Persistence of Human Pathogens on Leafy Vegetables after Irrigation with Contaminated Irrigation Water	10/12/2022	10/12/2022	2.5 hrs	Technical	ACIAR_GAP Project
	Online Research Results Dissemination and Learning Event for Garlic: Surveillance and Detection of Microbe Utilizing Molecular Techniques and Associated Thrips Vector on Onion, Garlic, and Mango in Luzon.	06/23/2022	06/23/2022	4 hrs	Technical	DA BAR Funded Project
	Online Research Results Dissemination and Learning Event for Onion: Surveillance and Detection of Microbe Utilizing Molecular Techniques and Associated Thrips Vector on Onion, Garlic, and Mango in Luzon.	06/22/2022	06/22/2022	4 hrs	Technical	DA BAR Funded Project
	Online Research Results Dissemination and Learning Event for Mango: Surveillance and Detection of Microbe Utilizing Molecular Techniques and Associated Thrips Vector on Onion, Garlic, and Mango in Luzon.	06/21/2022	06/21/2022	4 hrs	Technical	DA BAR Funded Project
	Seminar Workshop on Mushroom Culture and Production	11/05/2019	11/06/2019	16 hrs	Technical	Mindoro State University
	Plant Genetic Resource Conversation and Utilization: Calamansi an Other Citrus Germplasm Collection, Characterization and Micropropagation	02/06/2018	02/06/2018	8 hrs	Technical	Mindoro State University
(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)		
N/A	N/A	N/A		N/A		
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	06/26/2024	

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Dr. Danilo N. Reyes</td> <td>Victoria Oriental Mindoro</td> <td>9155088875</td> </tr> <tr> <td>Mr. Jerome Jef M. Zamora</td> <td>Victoria Oriental Mindoro</td> <td>9178748850</td> </tr> <tr> <td>Dr. Justine Bennette H. Millado</td> <td>VSU, Baybay City, Leyte</td> <td>9959325625</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Dr. Danilo N. Reyes	Victoria Oriental Mindoro	9155088875	Mr. Jerome Jef M. Zamora	Victoria Oriental Mindoro	9178748850	Dr. Justine Bennette H. Millado	VSU, Baybay City, Leyte	9959325625
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<p>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.</p>													
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 100%; height: 40px; margin-top: 10px;"></div> <p style="text-align: center;">Person Administering Oath</p>													