

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	SUMALINOG		
FIRST NAME	TROY	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	BAYARONG		
3. DATE OF BIRTH (mm/dd/yyyy)	08/14/2001	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	HILONGOS, 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:	17. RESIDENTIAL ADDRESS	ZONE 5 LOPEZ JAENA ST. House/Block/Lot No. Street N/A TINAGO Subdivision/Village Barangay BATO LEYTE City/Municipality Province
7. HEIGHT (m)	1.65	ZIP CODE	6525
8. WEIGHT (kg)	53	18. PERMANENT ADDRESS	ZONE 5 LOPEZ JAENA ST. House/Block/Lot No. Street N/A TINAGO Subdivision/Village Barangay BATO LEYTE City/Municipality Province
9. BLOOD TYPE	A+	ZIP CODE	6525
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	N/A	20. MOBILE NO.	0905-629-3422
12. PHILHEALTH NO.	13-202899098-0	21. E-MAIL ADDRESS (if any)	troysumalinog@gmail.com / tbsumalinog1@up.edu.ph
13. SSS NO.	N/A		
14. TIN NO.	N/A		
15. AGENCY EMPLOYEE NO.	N/A		

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	SUMALINOG			
FIRST NAME	TITO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CAMAY			
25. MOTHER'S MAIDEN NAME				
SURNAME	BAYARONG			
FIRST NAME	ALMA			
MIDDLE NAME	ABUG			

(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	BATO CENTRAL SCHOOL	PRIMARY EDUCATION	2008	2014	N/A	2014	SALUTATORIAN
SECONDARY	BATO SCHOOL OF FISHERIES	JUNIOR HIGH SCHOOL	2014	2018	N/A	2018	NORTH HONOR
	DR. V. ORESTES ROMUALDEZ EDUCATIONAL FOUNDATION INC.	SENIOR HIGH SCHOOL	2018	2020	N/A	2020	NORTH HONOR
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	UNIVERSITY OF THE PHILIPPINES TACLOBAN COLLEGE	BACHELOR OF SCIENCE IN BIOLOGY	2020	2024	N/A	2024	CUM LAUDE
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE

[Signature]

DATE

05 August 2024

[illegible]

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE		DATE	05 August 2024
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[illegible]

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

[illegible]




VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	WRITING		N/A		N/A
	PHOTOGRAPHY				
	VIDEO EDITING				
	LAYOUTING				
	PUBLIC SPEAKING				

SIGNATURE		DATE	
		05 August 2024	

13628

05 August 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>AMADO M. OCASLA JR.</td> <td>amocasla@up.edu.ph</td> <td>N/A</td> </tr> <tr> <td>JULIANNA LACE MARIE L. MUNAR</td> <td>jlmunar@up.edu.ph</td> <td>N/A</td> </tr> <tr> <td>LENI G. YAP-DEJETO</td> <td>lgyapdejeto@up.edu.ph</td> <td>N/A</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	AMADO M. OCASLA JR.	amocasla@up.edu.ph	N/A	JULIANNA LACE MARIE L. MUNAR	jlmunar@up.edu.ph	N/A	LENI G. YAP-DEJETO	lgyapdejeto@up.edu.ph	N/A
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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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: PHILHEALTH ID</p> <p>ID/License/Passport No.: 13-20289098-0</p> <p>Date/Place of Issuance: 08/02/2022 / MAASIN CITY, SOUTHERN LEYTE</p>	<p style="text-align: center;">  Signature (Sign inside the box) 05 August 2023 Date Accomplished </p>												
<p style="text-align: center;">  TROY B. SUMALINOG </p> <p style="text-align: center;">  Right Thumbmark </p>													
<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: 250px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													