CS Form No. 212

Revised 2017

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. 1. CS ID No. Print legibly. Tick appropriate boxes () duse separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE (Do not fill up. For CSC use only 2. SURNAME SUGANOB NAME EXTENSION (JR., SR) FIRST NAME CARMI MIDDLE NAME MANAGBANAG 3. DATE OF BIRTH 16. CITIZENSHIP 06/04/1997 (mm/dd/yyyy) √ Filipino ☐ Dual Citizenship by birth ☐ by naturalization 4. PLACE OF BIRTH **BAYBAY CITY, LEYTE** If holder of dual citizenship. Pls. indicate country: please indicate the details. 5. SEX ☐ Male ✓ Female **Philippines** ☑ Single ☐ Married 6 CIVIL STATUS 17. RESIDENTIAL ADDRESS ☐ Widowed House/Block/Lot No ☐ Separated Street PANGASUGAN Other/s: Subdivision/Village Barangay BAYBAY CITY 7. HEIGHT (m) 1.55 LEYTE City/Municipality Province 8. WEIGHT (kg) 60 ZIP CODE 6521 18. PERMANENT ADDRESS BLOOD TYPE TYPE O House/Block/Lot No. Street **PANGASUGAN** 10. GSIS ID NO. N/A Subdivision/Village Barangay BAYBAY CITY LEYTE 11. PAG-IBIG ID NO 1212-3620-8213 City/Municipality Province 12. PHILHEALTH NO. 13-025516520-9 ZIP CODE 6521 13. SSS NO. N/A 19. TELEPHONE NO. N/A 14. TIN NO 356-449-123-00000 20. MOBILE NO. 0963-376-3281 N/A 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) imrac.bonagus@gmail.com FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) N/A FIRST NAME N/A MIDDLE NAME N/A OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A **BUSINESS ADDRESS** N/A TELEPHONE NO. N/A SUGANOB 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) CARLITO FIRST NAME OBON MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME MANAGBANAG MERCY FIRST NAME MIDDLE NAME MODINA (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE 26. NAME OF SCHOOL YEAR ACADEMIC LEVEL UNITS FARNED (Write in full) GRADUATED HONORS (Write in full) (if not graduated) RECEIVED To From ALPHA CHRISTIAN SCHOOL 2004 2010 2010 N/A **ELEMENTARY** VISAYAS STATE UNIVERSITY LABORATORY 2010 2014 2014 N/A SECONDARY HIGH SCHOOL VOCATIONAL / N/A TRADE COURSE BACHELOR OF SCIENCE IN FOOD 2018 N/A 2014 2018 VISAYAS STATE UNIVERSITY COLLEGE SCIENCE AND TECHNOLOGY MASTER OF SCIENCE IN FOOD SCIENCE 2ND YEAR/ VISAYAS STATE UNIVERSITY 2020 2023 **GRADUATE STUDIES** AND TECHNOLOGY 31 UNITS DATE June 2, 2025 SIGNATURE

	E ELIGIBILITY			,					" - 1-1-
7. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE CAREER SERVICE PROFESSIONAL			RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINA	ATION / CONFERMENT		LICENSE (if a	Date
				CONFERMENT	1 200			NUMBER	Validity
			80.37%	08/20/2023	MAASIN CITY, S	OUTHERN L	EYTE	N/A	N//
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WORK EXPER		rom your recent work) Des	scription of duties	s should be indicated	l in the attached Work F	vnerience sl	iee!		
	ATES (mm/dd/yyyy)	POSITION TITE				MONTHLY	SALARY/ JOB/ PAY GRADE (#	STATUS OF	GC
From	То	(Write in full/Do not ab		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SER (Y
07/04/2023	Present	ADMINISTRATIVE	AIDE III	VISAYAS STATE UNIVERSITY		P13,000		CONTRACT OF	-
07/01/2020	12/31/2020	SCIENCE RESEARCH		VISAYAS STATE UNIVERSITY		P19,000		SERVICE CONTRACT OF	
10/17/2018	07/31/2019			RED RIBBON	RED RIBBON BAKESHOP - CEBU			SERVICE CONTRACT OF	
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VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMEN	T/PEOPLE/	VOLUNTARY	ORGANIZATIO	ON/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS		POSITION / NATURE OF WORK
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N/A						
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VII. LEARNING AND DEVELOPMENT (L&D		(Continue on separ PROGRAMS A	CHARLES THE PROPERTY OF THE PERSON NAMED IN	sary)		
(Start from the most recent L&D/training program and inclu	ide only the relevant L&D/training taken fo	or the last five (5) ye	ears for Division C	hief/Executive/Mana	gerial 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)
Seminar Workshop on Basic Records and Archives	From 07/30/2024	To 07/31/2024	16	reconnectory	HRMO, Visayas State University	
From Policy to Practice: EODB, DPA of 2012, and Pl.		07/29/2024	07/31/2024	8		HRMO, Visayas State University
University (VSU) Personnel Orientation of Guidelines and Procedures on Proces	sses/Services of the Offices under	02/23/2024		8		Human Resource Management Office, Visayas State
Administrative Services Office (ASO) Workshop on Program Accreditation	· · · · · · · · · · · · · · · · · · ·	01/12/2024		8		University Ouglity Assurance Center Viscous State University
DESIGN THINKING WORKSHOP		 	42/44/2022			Quality Assurance Center, Visayas State University Quality Assurance Center, Visayas State University
		12/13/2023	12/14/2023	16		
HRIS Software Onboarding Unlocking Excellence: The 5S Revolution for Clerks	and Heads at Visavas State	12/06/2023		8		Visayas State University
University		11/29/2023		8		Visayas State University
ISO 9001:2015 AWARENESS AND RE-AWARENESS		08/29/2023		8		Visayas State University
INTERNAL QUALITY AUDIT TRAINING IN CONFORM	IANCE WITH ISO 19011:2018	08/14/2023	08/15/2023	16		VISAYAS STATE UNIVERSITY, VISCA BAYBAY CITY,
CONSUMERS FOOD SAFETY AWARENESS INTERNATIONAL WEBINAR AND WORKSHOP ON F	OOD VALUE CHAIN IN THE NEW	11/12/2021		4	*	LEYTE, PHILIPPINES VIA ZOOM VISAYAS STATE UNIVERSITY, VISCA BAYBAY CITY,
NORMAL	H	10/18/2021	10/22/2021	40		LEYTE, PHILIPPINES VIA ZOOM DEPARTMENT OF FOOD SCIENCE AND TECHNOLOGY,
GOOD LABORATORY PRACTICES AND QUALITY AS	SSURANCE IN FOOD ANALYSIS	06/18/2021		4		VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE
4TH INTERNATIONAL STEAM RESEARCH CONGRE	SS	03/02/2021	05/02/2021	24		ISTEAM RESEARCH 2021 VIA ONLINE PLATFORM
REGIONAL HEALTH RESEARCH SYMPOSIUM		10/29/2020	10/30/2020	16		EVHRDC DOST-8 GOVERNMENT CENTER, CANDAHUG, PALO, LEYTE VIA ZOOM
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VIII. OTHER INFORMATION	Г————————————————————————————————————		25.00			I.
31. SPECIAL SKILLS and HOBBIES	32. NON	ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
SKILLS - COMPUTER LITERATE, WRITING, READING, CREATIVITY, TEAMWORK					N/A	
HOBBIES - COOKING, PLAYING UKULELE						
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SIGNATURE		<u> </u>	_	DA	TE	June 2, 2025
						CS FORM 212 (Revised 2017), Page 3 of 4

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?	☐ YES ☑ NO			
b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO If YES, give details:			
35. a. Have you ever been found guilty of any administrative offe	ense?	☐ YES ☑ NO		
35. a. Have you ever been found guilty of any administrative one		If YES, give details:		
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:			
36. Have you ever been convicted of any crime or violation of arby any court or tribunal?	☐ YES ☑ NO If YES, give details:			
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:			
38. a. Have you ever been a candidate in a national or local election Barangay election)?	ction held within the last year (except	☐ YES ☑ NO If YES, give details:	_	
b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:			
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):			
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), 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 applican	t /appointee)			
NAME	ADDRESS	TEL. NO.		
JOEL REY U. ACOB	Visayas State University, Visca, Baybay City, Leyte Visayas State University, Visca, Baybay	9569161146 9617605332		
MARIA LILIA P. VEGA	City, Leyte			
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized representation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the ed herein.	1	
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH ID				
ID/License/Passport No.: 13-025516520-9	ox)			
Date/Place of Issuance: OCTOBER 9, 2018/ BAYBAY CITY	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	g JUN 2025 , affiant exhib	oiting his/her validly issued government ID as indicated above.		
	ITERO:			
	Përson Administering Oat	CS FORM 212 (Revised 2017), Pa	age 4 of 4	