

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 () ☐ d 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	SUGANOB		
FIRST NAME	CARMI	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MANAGBANAG		
3. DATE OF BIRTH (mm/dd/yyyy)	06/04/1997	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: Philippines
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	House/Block/Lot No. Street PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.55	ZIP CODE	6521
8. WEIGHT (kg)	60		
9. BLOOD TYPE	TYPE O	18. PERMANENT ADDRESS	House/Block/Lot No. Street PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	1212-3620-8213		
12. PHILHEALTH NO.	13-025516520-9		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	356-449-123-00000	20. MOBILE NO.	0963-376-3281
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	imrac.bonagus@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
MIDDLE NAME	N/A		
OCCUPATION	N/A		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER'S SURNAME	SUGANOB		
FIRST NAME	CARLITO	NAME EXTENSION (JR., SR)	
MIDDLE NAME	OBON		
25. MOTHER'S MAIDEN NAME			
SURNAME	MANAGBANAG		
FIRST NAME	MERCY		
MIDDLE NAME	MODINA	(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	ALPHA CHRISTIAN SCHOOL		2004	2010		2010	N/A
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL		2010	2014		2014	N/A
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN FOOD SCIENCE AND TECHNOLOGY	2014	2018		2018	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN FOOD SCIENCE AND TECHNOLOGY	2020	2023	2ND YEAR/ 31 UNITS		

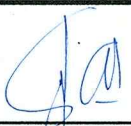
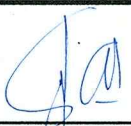
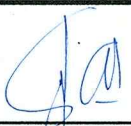









(Continue on separate sheet if necessary)		SIGNATURE	DATE	June 2, 2025
---	--	-----------	------	--------------

[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	June 2, 2025
------------------	---	-------------	--------------

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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>JOEL REY U. ACOB</td><td>Visayas State University, Visca, Baybay City, Leyte</td><td>9569161146</td></tr><tr><td>MARIA LILIA P. VEGA</td><td>Visayas State University, Visca, Baybay City, Leyte</td><td>9617605332</td></tr><tr><td>MA. CINDY S. MARTINEZ</td><td>Brgy. Pangasugan, Baybay City, Leyte</td><td>9311524228</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	JOEL REY U. ACOB	Visayas State University, Visca, Baybay City, Leyte	9569161146	MARIA LILIA P. VEGA	Visayas State University, Visca, Baybay City, Leyte	9617605332	MA. CINDY S. MARTINEZ	Brgy. Pangasugan, Baybay City, Leyte	9311524228
NAME	ADDRESS	TEL. NO.											
JOEL REY U. ACOB	Visayas State University, Visca, Baybay City, Leyte	9569161146											
MARIA LILIA P. VEGA	Visayas State University, Visca, Baybay City, Leyte	9617605332											
MA. CINDY S. MARTINEZ	Brgy. Pangasugan, Baybay City, Leyte	9311524228											
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.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PHILHEALTH ID</td></tr><tr><td>ID/License/Passport No.: 13-025516520-9</td></tr><tr><td>Date/Place of Issuance: OCTOBER 9, 2018/ BAYBAY CITY</td></tr></table>	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	Date/Place of Issuance: OCTOBER 9, 2018/ BAYBAY CITY	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>June 2, 2025</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	June 2, 2025	Date Accomplished				
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													
Date/Place of Issuance: OCTOBER 9, 2018/ BAYBAY CITY													
													
Signature (Sign inside the box)													
June 2, 2025													
Date Accomplished													
<table><tr><td></td></tr><tr><td>PHOTO</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>			PHOTO		Right Thumbmark								
													
PHOTO													
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this 09 JUN 2025 , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td> ATTY. KAREN ABEGAIL S. MONTERO VSU Director, Legal Affairs and Services</td></tr><tr><td>Person Administering Oath</td></tr></table>		 ATTY. KAREN ABEGAIL S. MONTERO VSU Director, Legal Affairs and Services	Person Administering Oath										
 ATTY. KAREN ABEGAIL S. MONTERO VSU Director, Legal Affairs and Services													
Person Administering Oath													