CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SI	IEE.	Т			
concerned. READ THE ATTACHED GUID	ntation made in the Personal Data Sheet and the DE TO FILLING OUT THE PERSONAL DATA SH tes [] ) and use separate sheet I necessary indicate	EET (PDS) BEFORE ACCOM	MPLISHING TH	Æ PDS FOR				son for CSC use only)
Print legibly. Tick appropriate book. I.PERSONAL INFORMAT		O WA II IKA ELEMANO.	Abbretin		1.000	4 4 A A A A A A A A A A A A A A A A A A	(LOIM II )	tr coo said
2 SURNAME	NUÑEZ							
FIRST NAME	HEXELSA JOY					NAME EXTENSION (JR.	, SR) N/A	I Visit
MIDDLENAME	CUESTA							
3. DATE OF BIRTH (mm/kkl/yyy)	10/28/1995	16. CITIZENSHIP		<b>☑</b> Filipi	ino [	Dual Citizenship		
4. PLACE OF BIRTH	ORMOC CITY	If holder of duel citize	enship,		70'400	Dy birth Pls. indicate o	by naturalizountry.	ration
5. SEX	☐ Male ☐ Female	please indicate the o	details.				165	-
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Ho	OCK 4 LOT xxsetBlockLot h TENTCITY ubdivisionVilleg	Va	S	Street AN ISIDRO Barangay	
7, HEIGHT (m)	1.47	I Ism in we know		ORMOC City/Municipality			LEYTE Province	
8. WEIGHT (kg)	50.6	ZIP CODE	-	NYMEN COM		6541	Troising	T
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS		OCK 4 LOT				
IO. GSIS ID NO.	N/A			TENTCITY		S	Street AN ISIDRO	
			Su	ORMOC	е		Barangay LEYTE	
1. PAG-IBIG ID NO.	121238627558			City/Municipality			Province	
2. PHILHEALTH NO.	132507204981	ZIP CODE		6541		17.0-27		1
3. SSS NO.	34-8110828-5	19. TELEPHONE NO.		10		N/A	(4)	
TIN NO.	742-258-931	20. MOBILE NO.			094	476075622		
AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)		he	xelsajoyn	unez@gmail	.com	
FAMILY BACKGROUND				<b>建</b>			A Company	
SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write	e full name and	istel)	DATE OF BIF	TTH (mm/dd/yyyy
FIRST NAME	N/A	HAME EXTENSION (JR., SR)			N/A			WA
MODLENAME	N/A							
OCCUPATION	- N/A	and the second						-
EMPLOYER/BUSINESS NAME	NA	A man of more received.						
BUSINESS ADORESS	N/A							
TELEPHONE NO.	N/A							
FATHER'S SURNAME	NUÑEZ					W-1017 - 1018		
FIRST NAME	GREGORIO	NAME EXTENSION (JR., SR) JR.						
MODULENAME	DADIOS							
MOTHER'S MAJDEN NAME				1				
SURNAME	CUESTA							
FIRST NAME	LILIBETH							
MIDDLENAME	LUCHAVEZ		Ale Carren	(C	ontinue on se	parate sheet if neces	sary)	
EDUCATIONAL BACKGE	ROUND	is of the second	SAME TO SERVE			and the second		5-7-100 S. T.
LEVEL	NAME OF SCHOOL (With in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATED	SCHOLARSHIP ACADEMIC HONORS RECEIVED
ELEMENTARY	ORMOC CITY SPECIAL EDUCATION (SPED) CENTER	PRIMARY EDUCA	TION	2000	2006	N/A	2006	VALEDICTO:
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	нідн schoo	L	2006	2012	N/A	2012	1ST HONORABLE MENTION
VOCATIONAL/ TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY-MAIN CAMPUS	DOCTOR OF VETERINAR	Y MEDICINE	2012	2018	N/A	2018	CUM LAUD
GRADUATE STUDIES	N/A	N/A		N/A	N/A	N/A	N/A	N/A
SIGNATURE	Cax C	ontinue on separate sheet if rece	ssary)	DA	TE	elo don artento	01/11/2020	rkaka guna

CAREE	ERVICE ELIGIBIL ER SERMCEIRA 1080 (	BOARD/ BARY UNIDED			USUAL ESTATES	of Strategy A	No.	LICENSE (if app	olicable)
BAR	SPECIAL LAWS/ C WNGAY ELIGIBILITY / I	DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ION / CONFER	MENT	NUMBER	Date of Validity
VETE	RINARY MEDICINE Examination	LICENSURE	79.24	AUGUST 15, 16 & 17, 2018	CE	8U		0009810	10/28/2021
20.3803	Charles and the			ntinue on separate sheet if n		19 m			
WORK	EXPERIENCE			- of duties should be i	ndicated in the attache	d Work Exp	erience shee		
INCL	rate employment USIVE DATES middlyyyy)	POSITION TO (Write in full/Do not a	TLE	DEPARTMENT / AGENC	A LUEFICE LOOMI VALL	MONTHLY SALARY	GRADE (II applicable) & STEP (Format "00-0") INCREMENT	STATUS OF APPOINTMENT	SERVICE (Y/N)
From	To		4.36.00	OASIS ANIMAL CLIN	IC AND GROOMING	P30, 000	N/A	CONTRACTUAL	NO
/26/2018	10/15/2020	VETERINA	RIAN	CEN	TER				
			and the second	#55.00	in Taking				a pril
	1	1 1 1 1 1		Team to	Or dependent			gell Lairdo	
	731 <u>29</u>	14.67.69					-	and a Company	18
		Since V		AUCH ST	ed Area	The I	LEAST.	pase	113
		0) 0.00	-12-2-2-3	1 000-259 1 41	To the second	6		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-
				i -					-
-			- 15-4	J					
-	-								-
							and the same		
				1		167456 +1891		mile	
		74 pt - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		1	1				-
								-	-
a Moi									+
								1	
		and the second second		a solar line			1,179	la l	
				- 400 20 000	PART OF THE PARTY				11.4
N/an	Ten in the	W/ - 1 - 1/4	37 - M - M	BARNYAST	retained a	T0:301	78.20		
70 10 000 mg			K   Salates	E					-
ters)	Law secretary and								
									-
			1	nunue on separate sheet if n	ecessery	100 mg		DOME THE REAL PROPERTY.	
Charles 7	ATURE	WALL STREET, THE PERSON NAMED IN	OR/	ov on separate sheet if it	DATE		STATE OF THE STATE	01/11/2020	

V. YOLUNTARY WORK OR INVOLVEMENT	or another than the state of th			THE PARTY OF THE P	III.L.	
29. NAME & ADDRESS (Write	in M)		SIVE DATES Vocityyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
YOUTH FOR CHRIST, ORMOC CITY	, LEYTE (CENTRAL SECTOR)	2011	2015	N/A	MEMB	ER/SPEAKER IN TALKS IN YOUTH CAMPS
		_	1			
			-	-		
				-		
	(Cor.	nanus on separate	sheet if necessar	y)	a Section of the last	
VII. LEARNING AND DEVELOPMENT (L	AD) INTERVENTIONS/TRAINING P		E DATES OF		Type of LD	A STANSON CONTROL BY
30. TITLE OF LEARNING AND DEVELOPMENT		ATTE	NDANCE Sdlyyyy)	NUMBER OF HOURS	(Manageriali Supervisory/ Technicaliets)	CONDUCTED/SPONSORED BY (Write in full)
(White is	n ruit)	From	То			PHILIPPINE VETERINARY MEDICAL ASSOCIATION
87th ANNUAL CONVENTION AND	SCIENTIFIC CONFERENCE	2/19/2020	2/21/2020	24 HOURS	N/A	CENTRAL LUZON STATE UNIVERSITY
1st INTERNATIONAL SYMPOSIUM (	ON INFECTIOUS DISEASES	12/21/2020	12/22/2020	12 HOURS	N/A	PEGIONAL ANIMAL DISEASE DIAGNOSTIC
ON-THE-JOB-TRAINING/FI		02/14/2018	03/15/2018	168 HOURS	N/A	LABORATORY-REGION 3
ON-THE-JOB-TF		01/2018	02/2018	178 HOURS	N/A	PILMICO FARMS
ON-THE-JOB TR	AINING	04/2018	05/2018	168 HOURS	N/A	ANIMAL WELLNESS VETERINARY HOSPITAL
ON-THE-JOB-TRAINING			2017	168 HOURS	N/A	UBAY STOCK FARM
ON-THE-JOB-TR			2017	168 HOURS	H/A	CEBU SAFARI & ADVENTURE PARK
***************************************		04/13/2016	05/19/2016	200 HOURS	N/A	PHILIPPINE CARABAO CENTER-CMU
FIELD PRACTI	200 To 100 To	05/21/2016	06/11/2016	200 HOURS	N/A	JERASENES SWINE FARM
FIELD PRACTI	CUM	- Carrier II				
		_			- 01	
					-	
				-1.1		
Law are an interpretation	(Contin	ue on separate sh	eet if necessary)			
IL OTHER INFORMATION						T TOWN TOWN TOWN TOWN
31. SPECIAL SKILLS and HOBBIES	32.	CADEMIC DISTING	n full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in MI)
OMPUTER LITERATE (Microsoft Office, Photo	PRESIDENT, COLLEGE OF VETERI	NARY MEDICI	NE-SUPREME	STUDENT COU	NCIL SY 2016	PHILIPPINE VETERINARY MEDICAL ASSOCIATION
and Video Editing, etc.)		2017				
NEWSLETTER AND PUBLICATION WRITING						
GREAT COMMUNICATION SKILLS						1 1000 7.00
					_	
	(Continu	e on separate sh	eet if necessary)	DAT	F	01/11/2020
SIGNATURE	(A)X			DATE	Sylve, A	CS FORM 212 (Revised 2017), Page 3 of 4

chief of bureau or office	00.00		
Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immedia Bureau or Department where you will be appointed, a. within the third degree?	ate supervision over you in the Office		
a. within the third degree?	or vision over you in the Office,		
		☐ YES	☑ NO
b. within the fourth degree (for Local Government Unit - Ca	areer Employees)?		☑ NO
		If YES, give detail	
5. a. Have you eyes have			
<ol> <li>a. Have you ever been found guilty of any administrative or</li> </ol>	offense?	☐ YES	☑ NO
		If YES, give detail	
b. Have you been criminally charged before any court?		□yes	☑ NO
, the god bold ally coult		If YES, give detail	
		Date Filed:	
		Status of Case/s:	
Have you ever been convicted of any crime or violation of any any court or tribunal?	☐ YES	☑ NO	
by any court or tribunal?	If YES, give detail		
		2002-0-0-000 <del>-0</del> 00	
7. Have you ever been separated from the service in any of the	he following modes: resignation	□YES	☑ NO
returement, dropped from the rolls, dismissal, termination, e	and of term, finished contract or phased	If YES, give detail	
out (abolition) in the public or private sector?		100 March 200 Bridge - 100 March 200	
88. a. Have you ever been a candidate in a national or local ele	ection held within the last year (except	YES	✓ NO
Barangay election)?		If YES, give deta	ils:
b. Have you resigned from the government service during the		YES	☑ NO
election to promote/actively campaign for a national or local		If YES, give deta	ils:
39. Have you acquired the status of an immigrant or permanent	t resident of another country?	☐ YES	☑ NO
	and the same of	If YES, give detail	s (country):
	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )		
O. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag			
7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),	, please answer the following items:		Charles and the second
Are you a member of any indigenous group?	A STATE OF THE PARTY OF THE PAR	YES If YES, please specif	v. 🖸 NO
Are you a person with disability?		YES	
Me you a person with disability:	The latest and the second seco	If YES, please specif	
		II IES, piease specii	y ID No:
Are you a solo parent?	and the second of the second o	☐ YES	✓ NO
Are you a solo parent?	and the second of the second o		✓ NO
		☐ YES	✓ NO
		☐ YES	✓ NO
REFERENCES (Person not related by consanguinity or affinity to applican     NAME	nt /appointee)  ADDRESS	YES If YES, please specif	✓ NO
REFERENCES (Person not related by consanguinity or affinity to applican     NAME     DR. AGNES M. TAVEROS	nt /appointee)	☐ YES If YES, please specif TEL. NO.  09061919698	✓ NO
REFERENCES (Person not related by consanguinity or affinity to applican     NAME	nt /appointee)  ADDRESS	☐ YES If YES, please specif TEL. NO.	✓ NO
REFERENCES (Person not related by consanguinity or affinity to applican     NAME     DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ	at /appointee)  ADDRESS  VSU, BAYBAY CITY	☐ YES If YES, please specif TEL. NO.  09061919698	✓ NO
11. REFERENCES (Person not related by consanguinity or affinity to applican NAME DR. AGNES M. TAVEROS DR. EDUARDO GLENDON T. ALVAREZ DR. JAMES LESTER CASTRONUEVO	ADDRESS VSU, BAYBAY CITY TACLOBAN CITY SANTA ROSA, LAGUNA	TEL. NO. 09061919698 0928858654 09289307588	✓ NO
NAME DR. AGNES M. TAVEROS DR. EDUARDO GLENDON T. ALVAREZ DR. JAMES LESTER CASTRONUEVO 2. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine	ADDRESS  VSU, BAYBAY CITY  TACLOBAN CITY  SANTA ROSA, LAGUNA  this Personal Data Sheet which is a truent laws, rules and regulations of the Record of the Re	TEL. NO.  09061919698  09298858654  09289307588  ie, correct and depublic of the	✓ NO
II. REFERENCES (Person not related by consanguinity or affinity to applican  NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  2. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine.  Philippines I subprize the agency head/authorized repre	ADDRESS  VSU, BAYBAY CITY  TACLOBAN CITY  SANTA ROSA, LAGUNA  this Personal Data Sheet which is a truent laws, rules and regulations of the Resentative to verify/validate the contents	TEL. NO.  09061919698  09298858654  09289307588  ie, correct and depublic of the stated herein.	✓ NO
NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  2. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu	ADDRESS  VSU, BAYBAY CITY  TACLOBAN CITY  SANTA ROSA, LAGUNA  this Personal Data Sheet which is a truent laws, rules and regulations of the Resentative to verify/validate the contents	TEL. NO.  09061919698  09298858654  09289307588  ie, correct and depublic of the stated herein.	✓ NO
1. REFERENCES (Person not related by consanguinity or affinity to applican  NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  2. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine  Delitopines I authorize the agency head/authorized repre	ADDRESS  VSU, BAYBAY CITY  TACLOBAN CITY  SANTA ROSA, LAGUNA  this Personal Data Sheet which is a truent laws, rules and regulations of the Resentative to verify/validate the contents	TEL. NO.  09061919698  09298858654  09289307588  ie, correct and depublic of the stated herein.	✓ NO
1. REFERENCES (Person not related by consanguirity or affinity to applican  NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  2. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu administrative/oriminal case/s against me.	ADDRESS  VSU, BAYBAY CITY  TACLOBAN CITY  SANTA ROSA, LAGUNA  this Personal Data Sheet which is a truent laws, rules and regulations of the Resentative to verify/validate the contents	TEL. NO.  09061919698  09298858654  09289307588  ie, correct and depublic of the stated herein.	✓ NO
1. REFERENCES (Person not related by consanguirity or affinity to applican  NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  2. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this documents.	ADDRESS  VSU, BAYBAY CITY  TACLOBAN CITY  SANTA ROSA, LAGUNA  this Personal Data Sheet which is a truent laws, rules and regulations of the Resentative to verify/validate the contents	TEL. NO.  09061919698  09298858654  09289307588  ie, correct and depublic of the stated herein.	✓ NO
NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu administrative/oriminal case/s against me.  Government Issued ID (in Passport, GSIS, SSS, PRC, Driver's License, etc.)	ADDRESS VSU, BAYBAY CITY TACLOBAN CITY SANTA ROSA, LAGUNA This Personal Data Sheet which is a truent laws, rules and regulations of the Resentative to verify/validate the contents ument and its attachments shall cause	TEL. NO.  09061919698  09298858654  09289307588  depublic of the stated herein.	✓ NO
1. REFERENCES (Person not related by consanguinity or affinity to applican NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  2. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu administrative/criminal case/s against me.  Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PRC ID	ADDRESS  VSU, BAYBAY CITY  TACLOBAN CITY  SANTA ROSA, LAGUNA  this Personal Data Sheet which is a truent laws, rules and regulations of the Resentative to verify/validate the contents ument and its attachments shall cause  HEXLSA JOY 0. NUN	TEL. NO.  09061919698  09298858654  09289307588  re, correct and depublic of the stated herein.  the filing of	✓ NO
NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu administrative/criminal case/s against me.  Government Issued ID (in Passport, CSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PRC ID  IDLicense/Passport No.: 19-2295221	ADDRESS VSU, BAYBAY CITY TACLOBAN CITY SANTA ROSA, LAGUNA This Personal Data Sheet which is a truent laws, rules and regulations of the Resentative to verify/validate the contents ument and its attachments shall cause  HEXLSA JOY O. NUÑ Signature (Sign inside the box 01/11/2020	TEL. NO.  09061919698  09298858654  09289307588  re, correct and depublic of the stated herein.  the filing of	V ID No:
NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu administrative/criminal case/s against me.  Government Issued ID (in Presport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PRC ID	ADDRESS  VSU, BAYBAY CITY  TACLOBAN CITY  SANTA ROSA, LAGUNA  this Personal Data Sheet which is a truent laws, rules and regulations of the Resentative to verify/validate the contents ument and its attachments shall cause  HEXLSA JOY NUN  Signature (Sign inside the box 01/1/11/2020	TEL. NO.  09061919698  09298858654  09289307588  re, correct and depublic of the stated herein.  the filing of	✓ NO
NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu administrative/oriminal case/s against me.  Government Issued ID (in Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PRC ID  ID/License/Passport No.: 19-2295221  Date/Place of Issuance: 8/29/2018, TACLOBAN CITY	ADDRESS  VSU, BAYBAY CITY  TACLOBAN CITY  SANTA ROSA, LAGUNA  this Personal Data Sheet which is a true transport of the Resentative to verify/validate the contents ument and its attachments shall cause  HEXLSA JOY D. NUN  Signature (Sign inside the box 01/11/2020  Date Accomplished	TEL. NO.  09061919698  09298858654  09289307588  de, correct and depublic of the stated herein.  at the filling of	VID No:
NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu administrative/oriminal case/s against me.  Government Issued ID (in Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PRC ID  IDLicense/Passport No.: 19-2295221  Date/Place of Issuance: 8729/2018, TACLOBAN CITY	ADDRESS  VSU, BAYBAY CITY  TACLOBAN CITY  SANTA ROSA, LAGUNA  this Personal Data Sheet which is a true transport of the Resentative to verify/validate the contents ument and its attachments shall cause  HEXLSA JOY D. NUN  Signature (Sign inside the box 01/11/2020  Date Accomplished	TEL. NO.  09061919698  09298858654  09289307588  de, correct and depublic of the stated herein.  at the filling of	V ID No:
NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  1 declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu administrative/criminal case/s against me.  Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PRC ID  IDLicense/Passport No.: 19-2295221  Date/Place of Issuance: 8/29/2018, TACLOBAN CITY	ADDRESS  VSU, BAYBAY CITY  TACLOBAN CITY  SANTA ROSA, LAGUNA  this Personal Data Sheet which is a truent laws, rules and regulations of the Resentative to verify/validate the contents ument and its attachments shall cause the book of the Contents of the	TEL. NO.  09061919698  09298858654  09289307588  ie, correct and depublic of the stated herein.  is the filling of	Right Thumbmark
NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  1 declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu administrative/criminal case/s against me.  Government Issued ID (in Presport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PRC ID  IDLicense/Passport No.: 19-2295221  Date/Place of Issuance: 8/29/2018, TACLOBAN CITY	ADDRESS  VSU, BAYBAY CITY  TACLOBAN CITY  SANTA ROSA, LAGUNA  this Personal Data Sheet which is a truent laws, rules and regulations of the Resentative to verify/validate the contents ument and its attachments shall cause the contents of the Resentative to verify/validate the contents ument and its attachments shall cause of the Contents of the Resentative to verify/validate the contents of the Resentative to v	TEL NO.  09061919698  09298858654  09289307588  ie, correct and depublic of the stated herein.  is the filling of	Right Thumbmark
NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu administrative/criminal case/s against me.  Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PRC ID  IDALIcense/Passport No.: 19-2295221  Date/Place of Issuance: 8/29/2018, TACLOBAN CITY  SUBSCRIBED AND SWORN to before me this	ADORESS  VSU, BAYBAY CITY  TACLOBAN CITY  SANTA ROSA, LAGUNA  this Personal Data Sheet which is a truent laws, rules and regulations of the Resentative to verify/validate the contents ument and its attachments shall cause of the Contents	TEL NO.  09061919698  09298858654  09289307588  ie, correct and depublic of the stated herein.  ie the filling of the stated herein.  ie the filling of the stated herein.	Right Thumbmark
NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  1 declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu administrative/criminal case/s against me.  Government Issued ID (in Presport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance  Government Issued ID: PRC ID  IDLicense/Passport No.: 19-2295221  Date/Place of Issuance: 8/29/2018, TACLOBAN CITY  SUBSCRIBED AND SWORN to before me this	ADORESS  VSU, BAYBAY CITY  TACLOBAN CITY  SANTA ROSA, LAGUNA  this Personal Data Sheet which is a truent laws, rules and regulations of the Resentative to verify/validate the contents ument and its attachments shall cause of the Signature (Sign inside the book of the Signature (Sign inside	TEL NO.  09061919698  09298858654  09298307588  ie, correct and depublic of the stated herein. It is the filling of the stated herein.	Right Thumbmark
NAME  DR. AGNES M. TAVEROS  DR. EDUARDO GLENDON T. ALVAREZ  DR. JAMES LESTER CASTRONUEVO  I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repre I agree that any misrepresentation made in this docu administrative/criminal case/s against me.  Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PRC ID  IDALIcense/Passport No.: 19-2295221  Date/Place of Issuance: 8/29/2018, TACLOBAN CITY  SUBSCRIBED AND SWORN to before me this	ADORESS  VSU, BAYBAY CITY  TACLOBAN CITY  SANTA ROSA, LAGUNA  this Personal Data Sheet which is a truent laws, rules and regulations of the Resentative to verify/validate the contents ument and its attachments shall cause of the Contents	TEL NO.  09061919698  09298858654  09289307588  re, correct and depublic of the stated herein.  the filing of the stated herein.	Right Thumbmark  Right Thumbmark  Right Thumbmark