

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.

I. PERSONAL INFORMATION			
2. SURNAME	GULAY		
FIRST NAME	LOUISE KIM	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	FAJARDO		
3. DATE OF BIRTH (mm/dd/yyyy)	08/03/1997	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input 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 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	ROSALES STREET
7. HEIGHT (m)	1.52	House/Block/Lot No.	Street
8. WEIGHT (kg)	52	Subdivision/Village	TAGNIPA
9. BLOOD TYPE	A	MAASIN CITY	Barangay
10. GSIS ID NO.	2005960266	City/Municipality	SOUTHERN LEYTE
11. PAG-IBIG ID NO.	1212-6582-7581	ZIP CODE	Province
12. PHILHEALTH NO.	1325-0520-7517	18. PERMANENT ADDRESS	P. YBAÑEZ STREET
13. SSS NO.	06-4383074-7	House/Block/Lot No.	Street
14. TIN NO.	364-606-222-000	Subdivision/Village	POBLACION I
15. AGENCY EMPLOYEE NO.	106528	HINDANG	Barangay
		City/Municipality	LEYTE
		ZIP CODE	Province
		19. TELEPHONE NO.	6523
		20. MOBILE NO.	N/A
		21. E-MAIL ADDRESS (if any)	09171351664
			louisegulay@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	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	GULAY			
FIRST NAME	EULANDO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	CENIZA			
25. MOTHER'S MAIDEN NAME	FAJARDO			
SURNAME	VIVIAN			
FIRST NAME	LUCES			
MIDDLE NAME				
(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	HINDANG CENTRAL SCHOOL	PRIMARY EDUCATION	2004	2010	ELEMENTARY GRADUATE	2010	SALUTATORIAN
SECONDARY	SAINT MICHAEL COLLEGE OF HINDANG, LEYTE INC.	SECONDARY EDUCATION	2010	2014	HIGH SCHOOL GRADUATE	2014	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF THE PHILIPPINES VISAYAS TACLOBAN COLLEGE	BACHELOR OF SCIENCE IN ACCOUNTANCY	2014	2019	COLLEGE GRADUARE	2019	CUMLAUDE
GRADUATE STUDIES							
(Continue on separate sheet if necessary)							

SIGNATURE	DATE	10/26/2023
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[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	2/01	ETAO	Loi A.
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DATE

10/24/2023

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

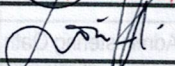
(Continue on separate sheet if necessary)

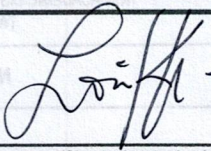

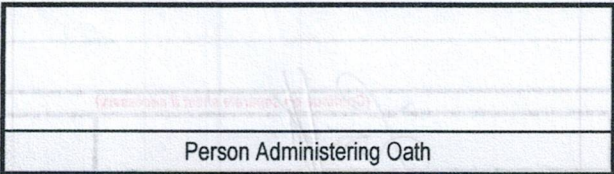
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED					
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)
		From	To		
	44th GACPA ANC	05/24/2023	05/26/2023	24.0	TECHNICAL
	Gender Sensitivity and Gender Fair Language for the Gender and Development Focal Point System	03/3/2023	03/31/2023	8.0	
	77th PICPA Annual Convention	11/23/2022	11/26/2022	32.0	TECHNICAL
	PhilGEPS Training	11/21/2022	11/22/2022	16.0	
	Echo Seminar Workshop on Procurement and PPMP/APP	11/10/2022	11/11/2022	16.0	
	Accountants Summit	09/26/2022	09/30/2022	40.0	
	Disaster Risk Reduction and Management for Public Sector	08/10/2022	08/2/2022	25.0	TECHNICAL
	43rd Annual National Convention and Webinars of the Government Association of Certified Public Accountants	06/09/2022	06/10/2022	16.0	
	Allocation, Utilization and Audit of GAD Budget for NGAs, GFIs, GOCCs, Water Districts and Electric Cooperatives	03/17/2022	03/17/2022	3.0	
	Government Procurement Reform Act (RA 9184) and its Revised IRR and Updates	02/22/2022	02/24/2022	24.0	
	76th PICPA Annual Convention	11/24/2021	11/27/2021	32.0	TECHNICAL
	Seminar Workshop on Budget Preparation, APP/PPMP, and GAD Plan and Budget for 2022	12/01/2021	12/02/2021	16.0	N/A
	Workshop on Gender and Development Day (GAD Plan and Budget and Accomplishment Report)	11/15/2021	11/16/2021	16.0	N/A
	Webinar on Understading CREATE Law	05/05/2021	05/05/2021	3.0	TECHNICAL

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION		
31.	32.	33.
SPECIAL SKILLS and HOBBIES	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
WATCHING SERIES & VLOGS	N/A	PHILIPPINE INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANT - TACLOBAN CHAPTER
		Government Association of Certified Public Accountants, Inc.

(Continue on separate sheet if necessary)

SIGNATURE	DATE
	10/26/2023

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: RESIGNATION FROM PREVIOUS WORK
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)		
NAME		ADDRESS
ARTEMIO SALONoy II		HINDANG, LEYTE
PAULINE CAMPANERO, CPA		LLORENTE, EASTERN SAMAR
CATHERINE JOYCE TRASMONTE, CPA		ORMOC CITY
TEL. NO.		
09663640153		
09495721060		
09975283380		
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.		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		 Signature (Sign inside the box) 10-26-2023 Date Accomplished
Government Issued ID: PRC ID		
ID/License/Passport No.: 0194937		
Date/Place of Issuance: 11/05/2019		
		 Right Thumbmark
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
 Person Administering Oath		



PHOTO