

VI. SPECIAL SKILLS					
22.	SPECIAL SKILLS (i.e. computer skills, typing, welding, plumbing, carpentry, auto mechanic, driving, et. al.)	Proficiency (Please check)			REMARKS
		Highly Skilled	Average	Fair	
	COMPUTER SKILLS		✓		
	TYPING		✓		
	DRIVING		✓		

VII. TRAINING PROGRAMS (Start from the most recent training.)				
23. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
	From	To		
PSD ADVANCED DIABETES WORKSHOP	06/06/2025	06/07/2025	16	PHILIPPINE SOCIETY OF DIABETOLOGISTS
BASIC LIFE SUPPORT AND ADVANCED CARDIAC LIFE SUPPORT TRAINING COURSE	07/27/2024	7/28/2024	16	PHILIPPINE HEART ASSOCIATION EASTERN VISAYAS CHAPTER
BASIC COURSE IN OCCUPATIONAL MEDICINE	10/22/2017	10/29/2017	64	PHILIPPINE COLLEGE OF OCCUPATIONAL MEDICINE, INC
GOOD CLINICAL PRACTICE	04/29/2021	04/29/2021	6	NIDA CLINICAL TRIALS NETWORK
24. Are you related by consanguinity or affinity to any of the following :	<div> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </div>			
a. Within the third degree with the appointing authority, recommending authority, chief of office/bureau/ department or person who has immediate supervision over you in the Office,Department/Project where you will be appointed?				
	If YES, give details: _____ _____ _____			

NAME	ADDRESS	TEL. NO.
DR. SANDRA FIEL CHIONG	USPA FARMERS MEDICAL CENTER	9173082974
DR. FLORENTINO BERDIN JR	UC SCHOOL OF MEDICINE, CEBU CITY	9989713719
DR. MELISSA GOBENCIONG-ROA	RTRMFI COLLEGE OF MEDICINE, TACLOBAN	9173146269

26. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

PLEASE PASTE an  
ID picture taken within  
the last 6 months  
(1"X1" or 2" x 2" or Passport Size)

(REQUIRED)

PHOTO

<div style="border: 1px solid black; padding: 2px; text-align: center;">CCI2022-15264763</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">COMMUNITY TAX CERTIFICATE NO.</div>	<div style="border: 1px solid black; height: 100px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; padding: 2px; text-align: center;">SIGNATURE (Sign inside the box)</div>	
<div style="border: 1px solid black; padding: 2px; text-align: center;">ORMOC CITY, LEYTE</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">ISSUED AT</div>	<div style="border: 1px solid black; padding: 2px; text-align: center;">6/14/2025</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">DATE ACCOMPLISHED</div>	<div style="border: 1px solid black; width: 150px; height: 150px; margin: 0 auto;"></div> <p>RIGHT THUMBMARK (REQUIRED)</p>
<div style="border: 1px solid black; padding: 2px; text-align: center;">01/08/20225</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">ISSUED ON (mm/dd/yyyy)</div>		