

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.**

1. CS ID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	MICOMPAL		
FIRST NAME	MARIA THERESA MAE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MAGPATOC		
3. DATE OF BIRTH (mm/dd/yyyy)	3/18/1996	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:
4. PLACE OF BIRTH	BUTUAN CITY, PHILIPPINES	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 PUROK-1 CROSSING Subdivision/Village Barangay KITCHARAO AGUSAN DEL NORTE City/Municipality Province
7. HEIGHT (m)	1.25 m	ZIP CODE	8609
8. WEIGHT (kg)	62 kg.		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	House/Block/Lot No. Street PUROK-1 CROSSING Subdivision/Village Barangay KITCHARAO AGUSAN DEL NORTE City/Municipality Province
10. GSIS ID NO.	NONE	ZIP CODE	8609
11. PAG-IBIG ID NO.	NONE		
12. PHILHEALTH NO.	NONE		
13. SSS NO.	NONE	19. TELEPHONE NO.	NONE
14. TIN NO.	341-328-685-000	20. MOBILE NO.	0945 655 4512
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	marizmicompal@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
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MICOMPAL			
FIRST NAME	SUPRIMO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DALAGAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	MAGPATOC			
FIRST NAME	ESTINA			
MIDDLE NAME	AMPARADO			

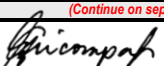
(Continue on separate sheet if necessary)







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	KITCHARAO CENTRAL ELEMENTARY SCHOOL	PRIMARY EDUCATION	2003	2009		2009	CLASS SALUTATORIAN
SECONDARY	KITCHARAO NATIONAL HIGH SCHOOL	HIGH SCHOOL	2009	2013		2013	CLASS SALUTATORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	MINDANAO STATE UNIVERSITY - ILIGAN INSTITUTE OF TECHNOLOGY	BACHELOR OF SCIENCE IN PHYSICS	2013	2018		2018	DOST-SEI RA 7687
GRADUATE STUDIES	MINDANAO STATE UNIVERSITY - ILIGAN INSTITUTE OF TECHNOLOGY	MASTER OF SCIENCE IN PHYSICS	2018	2024		2024	DOST-ASTHRDP

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 20, 2025
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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)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	SAKURA SCIENCE EXCHANGE PROGRAM	9/5/2023	9/16/2023	90	ACADEMIC AND TECHNICAL	TOKYO UNIVERSITY OF SCIENCE, TOKYO, JAPAN
	FLUROMAX SERIES AND FLUORESCENCE SPECTROSCOPY	1/10/2023	1/13/2023	20	TECHNICAL	HORIBA INSTRUMENTS (SINGAPORE) PTE LTD, SINGAPORE
	OPTIMIZING YOUR NATURAL PRODUCTS AND NANO MATERIALS ENHANCED AND INNOVATIVE TECHNOLOGY	11/8/2022	11/8/2022	8	TECHNICAL	DKSH MARKET EXPANSION SERVICE PHILIPPINES, INC.
	BASIC OPERATION AND MAINTENANCE TRAINING OF BERGHOF DIGESTEC DAB 3	8/4/2022	8/5/2022	16	TECHNICAL	MOLAVE TRADING INC.
	TRAINING FOR HORIBA SCIENTIFIC FLUOROMAX PLUS BENCHTOP SPECTROFLUOROMETER	7/5/2022	7/6/2022	16	TECHNICAL	ALVTECHNOLOGIES PHILIPPINES INC.
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	EMOTIONAL INTELLIGENCE AND PEOPLE SKILLS	N/A			CFC SINGLES FOR CHRIST (SFC) - SAN MIGUEL GK MISSIONVILLE CHAPTER, ILIGAN CITY	
	ADAPTABILITY					
	WRITTEN AND VERBAL COMMUNICATION SKILLS					
	PROBLEM-SOLVING SKILLS					
	TEAMWORK SKILLS					
	ORGANIZATION AND MANAGEMENT SKILLS					
	RESPONSIBLE / ACCOUNTABLE					
	COMPUTER SKILLS					
	FABRICATION SKILLS					
	RESEARCH AND DATA ANALYSIS SKILLS					
	DIGITAL DESIGN/LAY-OUT SKILLS					
	ADMINISTRATIVE AND CUSTOMER SERVICE SKILLS					
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	June 20, 2025	

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>														
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details:</p> <p style="text-align: center;">Date Filed: _____</p> <p style="text-align: center;">Status of Case/s: _____</p>														
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>														
<p>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?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: center;">FINISHED CONTRACT OF SERVICE</p>														
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>														
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>														
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>														
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>LEO CRISTOBAL C. AMBOLODE II</td> <td>DEPT. OF PHYSICS, MINDANAO STATE UNIVERSITY-ILIGAN INSTITUTE OF TECHNOLOGY</td> <td>0927 881 0664</td> </tr> <tr> <td>SHEILA G. GONZALES</td> <td>DEPT. OF PHYSICS, MINDANAO STATE UNIVERSITY-ILIGAN INSTITUTE OF TECHNOLOGY</td> <td>0917 716 4362</td> </tr> <tr> <td>MAE HAZEL C. CONCHA</td> <td>TAMBO, ILIGAN CITY</td> <td>0916 368 7053</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	LEO CRISTOBAL C. AMBOLODE II	DEPT. OF PHYSICS, MINDANAO STATE UNIVERSITY-ILIGAN INSTITUTE OF TECHNOLOGY	0927 881 0664	SHEILA G. GONZALES	DEPT. OF PHYSICS, MINDANAO STATE UNIVERSITY-ILIGAN INSTITUTE OF TECHNOLOGY	0917 716 4362	MAE HAZEL C. CONCHA	TAMBO, ILIGAN CITY	0916 368 7053		
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<p>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.</p>															
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto;"></div> <div style="border: 1px solid black; width: 300px; height: 20px; margin: 10px auto; text-align: center;"> Person Administering Oath </div>															