## CS Form No. 212 Revised 2017

## **PERSONAL DATA SHEET**

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of admini strative/criminal case/s against the personconcerned.

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 FIRST NAME MIDDLE NAME	GALUPO  NAME EXTENSION (JR., SR)									
FIRST NAME MIDDLE NAME	CERO	<u>-LE</u>								
3. DATE OF BIRTH		40 OITIZENOLIID								
(mm/dd/yyyy)	02/17/1986	16. CITIZENSHIP		✓ Filipino		itizenship				
4. PLACE OF BIRTH	NONOC ISLAND, SURIGAO CITY If holder of dual citizensi			<b>☑</b> by birth □ by naturalization						
5. SEX	☑ Male ☐ Female	please indicate the details.					•			
6 CIVIL STATUS	☐ Single ☑ Married	***************************************		ALUPO'S RESIDENCE House/Block/Lot No.			ATI Compound Street			
	☐ Widowed ☐ Separated		VISAY		YA S STATE UNIVERSITY Subdivision/Village			PANGASUGAN Barangay		
	Other/s:		3	ubalvision/village	uivisiol# village			igay		
7. HEIGHT (m)	1.65m			BAYBAY CITY			LEYTE			
		ZIP CODE		City/Municipality			Province			
8. WEIGHT (kg)	70 KG						6521			
9. BLOOD TYPE	В	18. PERMANENT ADDRES	Но	use/Block/Lot N	ο.		Str	eet		
10. GSIS ID NO.	N/A			VISAYA S STATE UNIVERSITY			PANGASUGAN			
11. PAG-IBIG ID NO.	121231279086			ubdivision/Village BAYBAY CITY			<i>Barangay</i> LEYTE			
		-	City/Municipality				Province 6531			
12. PHILHEALTH NO.	18-025286203-8	ZIP CODE	6521							
13. SSS NO.	0818586936	19. TELEPHONE NO.	TELEPHONE NO.			N/A				
14. TIN NO.	731-914-362 20. MOBILE NO.			09959147963						
15. AGENCY EMPLOYEE NO.	N/A 21. E-MAIL ADDRESS (if an			galupoarchille@gmail.com						
II. FAMILY BACKGROUND							DATE OF BIF	27.1		
22. SPOUSE'S SURNAME	GALUPO			23. NAME of CHILDREN (Write full name and list all)  N/A				y)		
FIRST NAME	PHLOEM	NAME EXTENSION (JR., SR)			N/A			N/A		
MIDDLE NAME	DAL	ON								
OCCUPATION	ENGINEER									
EMPLOYER/BUSINESS NAM	VISAYAS STATE UNIVERSITY									
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE									
TELEPHONE NO.	09264463556									
24. ATHER'S SURNAME	GALUPO									
FIRST NAME	ACHEL NAME EXTENSION									
MIDDLE NAME	UBAY									
25. MOTHER'S MAIDEN NAME										
SURNAME	CERO									
FIRST NAME MIDDLE	CELENIA									
NAME	MINDAJAO			(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKGRO	DUND									
26. LEVEL	NAME OF SCHOOL			PERIOD OF ATTENDANCE		HIGHE ST	YEAR GRADUATED	SCHOLARSH IP/ ACADEMIC		
LEVEL	(Write in full)	EDUCATION/DEGREE/C (Write in full)	OURSE	From	To	LEVEL /	GRADUATED	HONORS		
						UNITS EARNED				
ELEMENTARY					03/28/1999	(if not				
	JESUS CABARRUS CATHOLIC SCHOOL	PRIMARY EDUCATION		06/01/1994	03/20/1333		1999			
VOCATIONAL / TRADE	JESUS CABARRUS CATHOLIC SCHOOL	HIGH SCHOOL		06/01/1999	3/20/2004		2004			
COURSE	KFAR SILVER CAMPUS, AGROSTUDIES	DIPLOMA IN APPLICABLE AGRICULTURE PROGRAM		09/21/2016	08/18/2017		2017			
COLLEGE	VISAYAS STATE UNIVERSITY	BS DEVELOPMENT EDU	CATION	08/01/2013	06/15/2018		2018			
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS Agricultural Extension		09/01/2022	present					
				(Continue on s	eparate sheet if	necessary)				
SIGNATURE	gan				DATE		August 7, 2023			

IV. CIVIL SERVICE ELIGIBILITY  27. CAREER SERVICE/ RA 1080 (BOARD/ BAR)  RA			RATING	DATE OF				LICENSE (if applicable)	
UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXA	MINATION / CON	FERMENT	NUMBER	Date of Validity	
Licensure Examination for Agriculturist			Nov. 22-24, 2022		Tacloban City		0040230	2/17/2026	
					(Continu	e on separate sh	eet if necessary	) )	
V. WORK EX (Include private	(PERIENCE te employment.	Start from your re	cent work) Desc	ription of duties sh	ould be indicated in t	he attached V	Vork Experie	nce sheet.	
	IVE DATES	POSI	TION TITLE	DEDARTMENT /			SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T
From	n/dd/yyyy) To	(Write	in full/Do not breviate)	CO	DMPANY SALARY  SALARY		applicable)& STEP (Format "00-0")/	APPOINTMENT	SERVICE(Y/ N)
08/01/2018	12/31/2021	TRAINING AS	SISTANT	VISAYAS STA	ATE UNIVERSITY	P15,000	INCREMENT	CONTRACTUAL	YES
01/01/2022	3/31/2022	ENUMER			ATE UNIVERSITY	P10,000		CONTRACTUAL	YES
11/01/2022	12/31/2022	ENUMER		KEA MANAGEME	NT CONSULTANCY	. 5,000		CONTRACTUAL	NO
05/24/2023	6/12/2023	ENUMERA ENUMERA			EVICES TE UNIVERSITY			CONTRACTUAL	YES
				110.11.710 0771					1
					(Continu	e on separate sn	eet II necessary	)	
SIGNA	SIGNATURE DATE August 7, 2023		t 7, 2023						

VI. VOLUNTARY WORK OR INVOLVEMENT	T IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY O			DRGANIZATIC	ON/S		
29. NAME & ADDRESS OF OF (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
(vvite iii iuii)		From	То			Toomon/Twitone or World	
VII. LEARNING AND DEVELOPMENT (L&D)		tinue on separate					
VII. ELAKKING AND DEVELOF MENT (EQD)	INTERVENTIONS/TRAINING F		DATES OF				
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			ATTENDANCE (mm/dd/yyyy)  From To		Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
ISO 9001:2015 Awareness/ Re-awareness Webinar		11/27/2020	11/27/2020	4 hrs	Technical	Visayas State University	
Building capacities of Farmers to Become Entreprene Business School Approach in Seleced Municipalities	ur Thru Climate Smart Farm of Region VIII	03/04/2020	03/06/2020	24 hrs	Technical	Visayas State University	
	J						
	(Con	tinue on separate	sheet if necessary				
VIII. OTHER INFORMATION	·						
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTII (Writ	NCTIONS / RECOG e in full)	INITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Drip Irrigation technician						Knights of Colombus	
Hydrophonic Farming		Missionary Family of Christ					
						VSU Alumni Association	
	(Con	tinue on separate	sheet if necessary)				
SIGNATURE	and the second			DA	ATE	August 7, 2023	

34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediated Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Call	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:						
35. a. Have you ever been found guilty of any administrative of	☐ YES ☑ NO If YES, give details:						
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:						
36. Have you ever been convicted of any crime or violation of any court or tribunal?	☐ YES ☑ NO If YES, give details:						
37. Have you ever been separated from the service in any of t dropped from the rolls, dismissal, termination, end of term, in the public or private sector?		✓ YES □ NO If YES, give details: Find of Project					
38. a. Have you ever been a candidate in a national or local el Barangay election)?	☐ YES ☑ NO If YES, give details:						
b. Have you resigned from the government service during election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:						
39. Have you acquired the status of an immigrant or permaner	☐ YES ☑ NO If YES, give details (country):						
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M.							
a. Are you a member of any indigenous group?	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:  Are you a member of any indigenous group?						
b. Are you a person with disability?	If YES, please specify:  ☐ YES  ☑ NO  If YES, please specify ID No:						
c. Are you a solo parent?	☐ YES If YES. please specify I	☑ NO D No:					
41. REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)						
NAME	ADDRESS	TEL. NO.					
ELVIRA E. ONGY	VISCA, BAYBAY CITY, LEYTE	09389669267					
MILAGROS C. BALES	BRGY. PANGASUGAN, BAYBAY CITY, LEYTE	09424814524					
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.  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  Government Issued ID: Driver's license							
ID/License/Passport No.: H12-21-200654							
Date/Place of Issuance: 11/29/2021 / Baybay City, Leyte	Signature (Sign inside the be August 7, 2023 Date Accomplished	OX)	Right Thumbmark				
SUBSCRIBED AND SWORN to before me this	, атпапт ехпіріті	ng nis/ner validiy issued go	overnment ID as indicated above.				
	h						