

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	CHAVEZ			
FIRST NAME	MARIA FATIMA	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	ESTROSAS			
3. DATE OF BIRTH (mm/dd/yyyy)	OCTOBER 3,1992	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	BAYBAY CITY LEYTE			
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS ZIP CODE	PUROK SUNFLOWER	
7. HEIGHT (m)	1.50 m		House/Block/Lot No. Street	
8. WEIGHT (kg)	48 kg		BRGY. MARCOS	
9. BLOOD TYPE			Subdivision/Village Barangay	
10. GSIS ID NO.	2005203341		BAYBAY CITY LEYTE	
11. PAG-IBIG ID NO.	917174381669	18. PERMANENT ADDRESS ZIP CODE	City/Municipality Province	
12. PHILHEALTH NO.	13-252156584-9		6521	
13. SSS NO.	N/A		PUROK SUNFLOWER	
14. TIN NO.	492 732 533		House/Block/Lot No. Street	
15. AGENCY EMPLOYEE NO.	N/A		BRGY. MARCOS	
19. TELEPHONE NO.		Subdivision/Village Barangay		
20. MOBILE NO.		BAYBAY CITY LEYTE		
21. E-MAIL ADDRESS (if any)		City/Municipality Province		
		6521		
		N/A		
		0968 690 7197		
		mfestrosas@vsu.edu.ph		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CHAVEZ		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	STEPHEN JAMES	NAME EXTENSION (JR., SR)	RYO UNO E. CHAVEZ	APRIL 29, 2025
MIDDLE NAME	MARTINEZ			
OCCUPATION	COMPUTER PROGRAMMER			
EMPLOYER/BUSINESS NAME	COMPLETE DEVELOPMENT			
BUSINESS ADDRESS	CEBU CITY			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ESTROSAS			
FIRST NAME	LUCIO	JR.		
MIDDLE NAME	ESCOL			
25. MOTHER'S MAIDEN NAME				
SURNAME	BOHOL			
FIRST NAME	IDA			
MIDDLE NAME	MERIN		(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			
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS in AGRICULTURAL EXTENSION	2017	2024	N/A	2024	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN DEVELOPMENT COMMUNICATION	2010	2016	N/A	2016	N/A
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	N/A	2006	2010	N/A	2010	9TH HONOR
ELEMENTARY	SAN. AGUSTIN ELEMENTARY SCHOOL	N/A	2004	2006	N/A	2006	4TH HONOR
ELEMENTARY	MARCOS ELEMENTARY SCHOOL	N/A	2000	2004	N/A	N/A	1ST HONOR
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		June 19, 2025		

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		
	Philippine Extension and Advisory Services Network Inc. (PhilEASNet)	July 13, 2018	N/A	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

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			
	Basic Course Training on the RA 9184 and Its Revised Implementing Rules and	11/26/2024	11/28/2024	24hrs	technical	Visayas State University
	Extension Project Proposal Training	05/03/2018	09/03/2018	120 hrs	technical	Agricultural Training Institute
	Tracking Beyond: Training Course on Basic Monitoring and Evaluation for AFE stakeholders	09/07/2018	13/07/2018	120 hrs	technical	Agricultural Training Institute
	Intellectual Property Foundation Course	05/12/2017	06/12/2017	48 hrs	technical	OVPREI

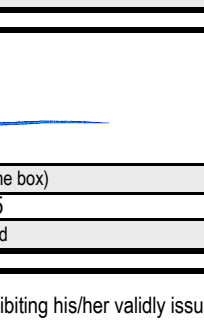
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMPUTER SKILLS		N/A		WOMEN ASSOCIATION (FoRWARD)
	DATA ANALYSIS		N/A		
	RESEARCH		N/A		
	BROADCASTING		N/A		
	LAYOUT		N/A		
	COOKING		N/A		
			N/A		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	June 19, 2025
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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)?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div>
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
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?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
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?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</div>
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?		<div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME		ADDRESS
DR. ROTACIO S. GRAVOSO		VISCA BAYBAY CITY, LEYTE
DR. VILMA M PATINDOL		GABAS BAYBAY CITY, LEYTE
ENGR. JEFFREY LLOYD L. CAGANDE		VISCA BAYBAY CITY LEYTE
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.		
<div><div>+</div><div>Government Issued ID: VOTERS ID</div><div>ID/License/Passport No.: 3708-0221A</div><div>Date/Place of Issuance: BAYBAY CITY LEYTE</div></div>		<div><div><div>M. [Signature]</div><div>Signature (Sign inside the box)</div><div>June 19, 2025</div><div>Date Accomplished</div></div></div>
		<div><div></div><div>PHOTO</div></div> <div><div></div><div>Right Thumbmark</div></div>
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
<div><div></div><div>Person Administering Oath</div></div>		