

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	DIOCAMPO		
FIRST NAME	MARWIN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GOCELA		
3. DATE OF BIRTH (mm/dd/yyyy)	12/10/1994	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	Brgy. Moabog Pilar, Cebu		
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS e	<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          ZIP CODE	N/A N/A House/Block/Lot No. Street N/A MOABOG Subdivision/Village Barangay PILAR CEBU City/Municipality Province
7. HEIGHT (m)	1.64		6048
8. WEIGHT (kg)	80		
9. BLOOD TYPE	O		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A	18. PERMANENT ADDRESS       ZIP CODE	N/A N/A House/Block/Lot No. Street N/A PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
12. PHILHEALTH NO.	13-025414164-0		6521-A
13. SSS NO.	N/A		
14. TIN NO.	N/A	19. TELEPHONE NO.	N/A
15. AGENCY EMPLOYEE NO.	N/A	20. MOBILE NO.	09317285310
		21. E-MAIL ADDRESS (if any)	marwindiocampo1994@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		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DIOCAMPO			
FIRST NAME	MANSUITO			
MIDDLE NAME	CORAZA			
25. MOTHER'S MAIDEN NAME	SURABIA			
SURNAME	DIOCAMPO			
FIRST NAME	FE			
MIDDLE NAME	GOCELA		(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	MOABOG ELEMTARY SCHOOL	PRIMARY EDUCATION	2001	2006	NA	2006	
SECONDARY	LANAO NATIONAL HIGH SCHOOL	HIGH SCHOOL	2006	2010	NA	2010	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRICULTURE	2012	2016	NA	2016	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER'S OF SCIENCE IN HORTICULTURE	2020	2022	NA	2022	DOST SCHOLARSHIP PROGRAM

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 8, 2024
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[illegible]

**(Continue on separate sheet if necessary)**

[illegible]


31.	SPECIAL SKILLS and HOBBIES	32.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMPUTER SKILLS	N/A	VISCA HORTICULTURAL SOCIETY
	MARCOTTING		DEPARTMENT OF SCIENCE AND
	GRAFTING		ALUMNI
	HERB PROPAGATION		
	HYDROPONICS		
	SEEDLING PRODUCTION		

**(Continue on separate sheet if necessary)**

<b>SIGNATURE</b>		<b>DATE</b>	January 8, 2024
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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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</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 specivf ID No: _____</div>	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)			
NAME		ADDRESS	
TEL. NO.			
ROSARIO A. SALAS		DOH, VSU	
563-7739			
ZENAIDA C. GONZAGA		DOH, VSU	
563-7739			
CATHERINE C. ARRADAZA		DOH, VSU	
563-7739			
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>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PRC ID</div> <div>ID/License/Passport No.: 0036841</div> <div>Date/Place of Issuance: March 13,2020/ Tacloban City</div>		<div><div></div><div>Signature (Sign inside the box)</div><div>January 8, 2024</div><div>Date Accomplished</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>Person Administering Oath</div>			