

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	CATINDOY			
	FIRST NAME	CHRISTENED GRACE	NAME EXTENSION (JR., SR)	
	MIDDLE NAME	CAPATOY		
3. DATE OF BIRTH (mm/dd/yyyy)	10/24/1996	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	TACLOBAN CITY		Philippines	
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	622 VELARDE	
			House/Block/Lot No. Street	
			SALVACION POBLACION	
			Subdivision/Village Barangay	
7. HEIGHT (m)	5'2		ALANGALANG LEYTE	
8. WEIGHT (kg)	58	ZIP CODE	City/Municipality Province	
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	6517	
10. GSIS ID NO.	N/A		VELARDE	
11. PAG-IBIG ID NO.	121208578484		House/Block/Lot No. Street	
12. PHILHEALTH NO.	020269587297		SALVACION POBLACION	
13. SSS NO.	3470439813	19. TELEPHONE NO.	0538394133	
14. TIN NO.	342798542	20. MOBILE NO.	09452165101	
15. AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (if any)	christenedgracecatindoy.12@gmail.com	

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)	
	FIRST NAME	NA			NAME EXTENSION (JR., SR)
	MIDDLE NAME	NA			
OCCUPATION	NA		NA	NA	
EMPLOYER/BUSINESS NAME	NA		NA	NA	
BUSINESS ADDRESS	NA		NA	NA	
TELEPHONE NO.	NA		NA	NA	
24. FATHER'S SURNAME	CATINDOY		NA	NA	
	FIRST NAME	AGNILO	NAME EXTENSION (JR., SR)	NA	
	MIDDLE NAME	DECENA		NA	
25. MOTHER'S MAIDEN NAME	SALVACION B. CAPATOY		NA	NA	
SURNAME	CAPATOY		NA	NA	
FIRST NAME	SALVACION		NA	NA	
MIDDLE NAME	BALASANOS		(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	ALANGALANG I CENTRAL SCHOOL	NA	2003	2009	GRADUATE	2009	WITH HONORS
SECONDARY	ALANGALANG NATIONAL HIGH SCHOOL	NA	2009	2013	GRADUATE	2013	5TH HON. MENTION
VOCATIONAL / TRADE COURSE	NA	NA	NA				
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN ENVIRONMENTAL MANAGEMENT	2013	2017	GRADUATE	2017	CUM LAUDE
GRADUATE STUDIES	EASTERN VISAYAS STATE UNIVERSITY	MASTER IN PUBLIC RESOURCE MANAGEMENT	AUGUST 2022	7/17/1905	GRADUATE	2025	NA

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 25, 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		
	SUPREME STUDENT GOVERNMENT	2012	2013		4TH YEAR REPRESENTATIVE
	SOCIETY OF ENVIRONMENTAL MANAGEMENT STUDENTS	2014	2015		AUDITOR
	COLLEGE OF SUPREME STUDENT COUNCIL	2015	2016		BOARD MEMBER
***NOTHING FOLLOWS***					

(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			
	FY19 INTUIT DIY PAYROLL TRAINING	9/29/2018	9/29/2018	8 HRS		CEBU CITY
	BASIC LIFE SUPPORT TRAINING	12/9/2022	12/9/2022	8 HRS		TACLOBAN CITY
	USH STRATEGIC PLANNING 2023	2/20/2023	2/21/2023	16 HRS		TACLOBAN CITY
	RATER'S TRAINING 2023	5/22/2023	5/23/2023	16 HRS		TACLOBAN CITY
	IMPROVING PRODUCTIVITY THROUGH EMPLOYEE ENGAGEMENT	9/1/2023	9/1/2023	3 HRS		TACLOBAN CITY
	LACTATION MANAGEMENT EDUCATIONAL TRAINING (LMET)	10/26/2023	10/26/2023	8 HRS		TACLOBAN CITY
	STRATEGIC PLANNING 2024	1/9/2024	1/9/2024	8 HRS		TACLOBAN CITY
***NOTHING FOLLOWS***						

(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)
	PUBLIC SPEAKING		AMBASSADOR IN COMMUNICATION		NA
	RESEARCH WRITING		NA		NA
***NOTHING FOLLOWS***					

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 25, 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 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 checked="" type="checkbox"/> YES<input type="checkbox"/> NO</div> <div>If YES, give details: Resignation _____</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)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>MABELLE C. BEQUILLA</td><td>Tacloban City</td><td>0953-220-7885</td></tr><tr><td>KRISTLE GRACE C. MUTYA</td><td>Tacloban City</td><td>0956-035-5940</td></tr><tr><td>SANTOS E. GETALADO</td><td>Tacloban City</td><td>0917-707-7750</td></tr></table>		NAME	ADDRESS	TEL. NO.	MABELLE C. BEQUILLA	Tacloban City	0953-220-7885	KRISTLE GRACE C. MUTYA	Tacloban City	0956-035-5940	SANTOS E. GETALADO	Tacloban City	0917-707-7750
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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.													


Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PAG-IBIG ID

ID/License/Passport No.: 1212-0857-8484

Date/Place of Issuance: Tacloban City


CHRISTENED GRACE CATINDOY



Signature (Sign inside the box)

May 25, 2025

Date Accomplished



PHOTO

Right Thumbmark

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath