CS Form No. 212 Revised 2017	PERS	ONAL DA	TA S	SHE	ET			Secretary and	
WARNING: Any misrepresenta	ation made in the Personal Data Sheet and the	Work Experience Sheet sh	all cause the fi	ling of admir	nistrative/cr	riminal case/s aga	inst the perso	on concerned.	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE	EET (PDS) BEFORE ACCOM	PLISHING THE	PDS FORM.			-		
Print legibly. Tick appropriate boxe	s ( ) and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE.		1. CS ID No.		(U	o not fill up. For CSC use only)	
2. SURNAME	PUNDAVELA				(1) 1 (1) (1) (1) (1) (1) (1) (1) (1) (1				
FIRST NAME	DELLY JANE	NAME EXTENSION (JR. SR) NA							
MIDDLE NAME	LORENIO								
3. DATE OF BIRTH		T. OTTITELIOUID							
(mm/dd/yyyy)	09/24/1999	16. CITIZENSHIP		and the special control of the second contro			by naturalization		
4. PLACE OF BIRTH	DULAG, LEYTE	If holder of dual citize				Pls. indicate co	ountry:		
5. SEX	☐ Male ☑ Female	please indicate the o	letails.						
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Hav	N/A			N/A Street		
	☐ Widowed ☐ Separated ☐ Other/s:		House/Block/Lot No. N/A			RIZAL			
7. HEIGHT (m)	1.6		Sul	bdivision/Village DULAG	The state of the s	Barangay LEYTE			
		A STATE OF THE STA	City/Municipality			Province			
8. WEIGHT (kg)	54	ZIP CODE	6505		101973	SURPLEMENT	N/A		
9. BLOOD TYPE	AB	18. PERMANENT ADDRESS	Hou	N/A use/Block/Lot No.					
10. GSIS ID NO.	N/A , D,	60/01/P00-475-70	Su	N/A Subdivision/Village		duittle	- National Assets		
11. PAG-IBIG ID NO.	121310618714			DULAG			Baranga) LEYTE Province		
12. PHILHEALTH NO.	13-025590250-5	ZIP CODE	6505	City/Municipality			Province		
13. SSS NO.	06-4503361-0	19. TELEPHONE NO.	N/A						
14. TIN NO.	644227194	20. MOBILE NO.	09758528535						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	dellypundavel	a@gmail.com	1				
I. FAMILY BACKGROUND				Tritte in					
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write	full name and l	list all) DATE OF BIRTH (mm/dd/yyyy)			
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A				N/A	
MIDDLE NAME	N/A								
OCCUPATION	N/A						100		
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A							1	
TELEPHONE NO.	N/A							-	
24. FATHER'S SURNAME	PUNDAVELA							7 2 3	
FIRST NAME	DARWIN	NAME EXTENSION (JR., SR)							
MIDDLE NAME	VERMUG								
25. MOTHER'S MAIDEN NAME				and the second second					
SURNAME	LORENIO			a sonder At	WI BUILD	e bije unbehand			
FIRST NAME	MELINDE		-						
MIDDLE NAME	CAIDOY				/Continue	on separate sheet if	-cocceany)		
III. EDUCATIONAL BACKO					Tool	On separate arreet	Necessary		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGF		UNITS EARNE		HIGHEST LEVEL/ UNITS EARNED	CRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
	, , , , , , , , , , , , , , , , , , ,			From To		(if not graduated)	0,000	HOROTORICE	
ELEMENTARY	RIZAL ELEMENTARY SCHOOL	ELEMENTAR	Y	2006	2012	N/A	2012	VALEDICTORIAN	
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	SENIOR HIGH SCHOOL (S	TEM STRAND)	2012	2018	N/A	2018	WITH HONOR	
VOCATIONAL / TRADE COURSE	N/A								
COLLEGE	VISAYAS STATE UNIVERSITY, VISCA- MAIN CAMPUS BAYBAY LEYTE	BACHELOR OF SCIENC ENGINEERIN		2018	2023	N/A	2023	COLLEGE HONOR	
GRADUATE STUDIES	N/A						+		
SIGNATURE	Joana	(Continue on separate she	et if necessary)	DA	TE	-0/0	Jane	Maria Maria Para Para Para	
at the real personal district required	- Souman			DA	- September	01 08	0 3024	All one or a second	

7. CAREE		080 (BOARD/ BAR) UNDER	RATING	DATE OF	Mar Line			LICENSE (if a	pplicable)
BAR		/S/ CES/ CSEE Y / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAM	INATION / CONFERME	NT	NUMBER	Date of Validity
RA 1080- CIVIL ENGINEERING BOARD PASSER 79.3			11/17/2023- 11/18/2023	UNIVERSITY OF C	EBU BANILAD C	AMPUS	0206432	09/24/2027	
				11/10/2023			y vergeni	32: T 02: 53.71 TOTAL TOTAL SELECTION OF THE PARTY OF THE	41.000
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	A Maria Carlo	M. A. W. L.					ENGINEER!		
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	XPERIENCE		THE REPORT OF THE PARTY OF THE	Continue on separate sho	Charles of the State of the Sta	y an en la proper en la			Carrie d
8. INCLU	SIVE DATES	nt. Start from your recen	t work) Descriptio	n of duties should l	e indicated in the attac	ned Work Experie	SALARY/ JOB/ PAY		
(mr From	n/dd/yyyy) To	POSITION TI (Write in full/Do not			NCY / OFFICE / COMPANY Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format *00-0*)/	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
and the second second		CUSTOMER SERVICE R	EPRESENTATIVE	VIRTUAL STAFFI	NG SOLUTIONS, OPC	P20,000.00	INCREMENT	PERMANENT	NO
12/29/2023	08/20/2024	office en	6INEER		nstruction GRP.	P15,600	A.S.	PERMANENT	NO
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	ATURE	Janh		(Continue on separate sh	DATE		3/2024		



29.	NAME & ADDRESS OF ORG (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
			From	То	A STATE OF THE STA	-		
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II. LEARNING AND DE	VELOPMENT (L&D) II	TERVENTIONS/TRAINING	entinue on separati		ny)	· · · · · · · · · · · · · · · · · · ·		
		A STATE OF THE STA	Carried Control States	E DATES OF	all disparents and the same	Type of LD	The same of the sa	
30. TITLE OF LEARNING	AND DEVELOPMENT INTERV (Write in full)	ENTIONS/TRAINING PROGRAMS	ATTENDANCE (mm/dd/yyyy) From To		NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
							A. Marie and A. Ma	
ASIC OCCUPATIONAL SAF	ETY AND HEALTH TRAIN	NG	07/17/2024	7/18/2024	10-HOURS	TECHNICAL	DOLE REGION VIII	
TRTUAL OJT PROGRAM			10/21/2021	12/10/2021	64-HOURS	TECHNICAL	ENGINEERS NETWORK TECHNICAL TRAININ	
VORK IMMERSION			-				INSTITUTE (ENTTI) COMPANY TACLOBAN CITY DISASTER RISK REDUCTIO	
			2017	2018	80-HOURS	FOUNDATION	MANAGEMENT OFFICE	
ISTONG PAMAYANAN COM	MUNITY SIMULATION DR	ILL FOR TSUNAMI	02/26/2018	02/27/2018	16-HOURS	FOUNDATION	REGIONAL TRAINING CENTER VIII	
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VIII. OTHER INFORMAT	ION	是1880年的1880年的	De Palatin					
31. SPECIAL SKILL	S and HOBBIES	32. NC	N-ACADEMIC DIS		OGNITION	The same	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
		UL.		te in full)			33. (Write in full)	
ESSAY WI	RITING		SANGGUNIANG KABATAAN					
					10 Feb.			
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			· Section	Asia Na				
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SIGNAT	Committee of the Commit							



chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,		The first of the second way way			
a. within the third degree?	YES NO the got by a set to the got				
b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO				
a. Have you ever been found guilty of any administrative offe	☐ YES ☑ NO If YES, give details:				
b. Have you been criminally charged before any court?	☐ YES				
36. Have you ever been convicted of any crime or violation of ar by any court or tribunal?	☐ YES ☑ NO If YES, give details:				
47. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	✓ YES				
a. Have you ever been a candidate in a national or local ele Barangay election)?	ction held within the last year (except	YES VES If YES, give details:	NO 18 TO A SECRET SERVICE OF THE SECRET SECR		
<ul> <li>b. Have you resigned from the government service during the election to promote/actively campaign for a national or local</li> </ul>	YES NO				
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):				
Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)  Are you a member of any indigenous group?  Are you a person with disability?  Are you a solo parent?		If YES, please specify:  YES  If YES, please specify ID No:	NO Streng of set a voy end		
41. REFERENCES (Person not related by consanguinity or affinity to applican	t /annointee)	in 120, picace specify is 110.			
AND THE PROPERTY OF THE PROPER		Brighting Co. Company of the Con-			
NAME ENGR. KATRINA CAMILLE MENDOZA ,ENTTI COMPANY PRESIDENT	ADDRESS  QUEZON CITY	TEL. NO. 9178751908	5 6		
JOANNA ROSE CAJANO, VSS SR. MANAGER HR	MAHARLIKA HIGHWAY DRAGONBALL COMPOUND	9171802257			
RINA QUINTANA, LGU TREASURER	DULAG	9632452424			
12. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ed herein.	PUNDAVELA, DELLY JANE LORENO PHOTO		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  PLEASE INDICATE ID Number and Date of Issuance		For sensitivities 50 32 equation 5 340			
Government Issued ID: PRC LICENSE	Spank	Market Control Superior Control			
ID/License/Passport No.: 0206432	pox)				
Date/Place of Issuance: 4/24/2024/PRC-TACLOBAN	Date Accomplished	10 12	Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	P 0 3 2024 , affiant exhibit	ting his/her validly issued governm	nent ID as indicated above.		
	ATTY, MILDREIL OY QU MUNICIPAL MAYOR DULAG, I PURSUANT TO SEC. 41, CHAPTER 10, BOOK				
130 Dec (100 Arcados) (100 - 100 )	AMENDED BY RA 6733.		CS FORM 212 (Revised 2017), Page		