

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 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		GALUPO																	
FIRST NAME MIDDLE NAME		ARCHILLE										NAME EXTENSION (JR., SR)							
		CERO																	
3. DATE OF BIRTH (mm/dd/yyyy)		02/17/1986		16. CITIZENSHIP If holder of dual citizenship, please indicate the details.		<input checked="" type="checkbox"/> Filipino Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: <div></div>													
4. PLACE OF BIRTH		NONOC ISLAND, SURIGAO CITY																	
5. SEX		<input checked="" type="checkbox"/> Male <input 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		GALUPO'S RESIDENCE ATI Compound House/Block/Lot No. Street VISAYA S STATE UNIVERSITY PANGASUGAN Subdivision/Village Barangay													
7. HEIGHT (m)		1.65m				BAYBAY CITY LEYTE City/Municipality Province													
8. WEIGHT (kg)		70 KG				6521													
9. BLOOD TYPE		B				House/Block/Lot No. Street													
10. GSIS ID NO.		N/A		18. PERMANENT ADDRESS ZIP CODE		VISAYA S STATE UNIVERSITY PANGASUGAN Subdivision/Village Barangay													
11. PAG-IBIG ID NO.		121231279086				BAYBAY CITY LEYTE City/Municipality Province													
12. PHILHEALTH NO.		18-025286203-8				6521													
13. SSS NO.		0818586936				N/A													
14. TIN NO.		731-914-362		19. TELEPHONE NO.		N/A													
15. AGENCY EMPLOYEE NO.		N/A		20. MOBILE NO.		09959147963													
				21. E-MAIL ADDRESS (if an		galupoarchille@gmail.com													
II. FAMILY BACKGROUND																			
22. SPOUSE'S SURNAME		GALUPO				23. NAME of CHILDREN (Write full name and list all)				DATE OF BIRTH (mm/dd/yyyy)									
FIRST NAME		PHLOEM		NAME EXTENSION (JR., SR)		N/A				N/A									
MIDDLE NAME		DAL																	
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 (JR., SR)															
MIDDLE NAME		UBAY																	
25. MOTHER'S MAIDEN NAME																			
SURNAME		CERO																	
FIRST NAME MIDDLE		CELENIA																	
NAME		MINDAJAO								(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		HIGHE ST LEVEL / UNITS EARNED (if not		YEAR GRADUATED		SCHOLARSH IP/ ACADEMIC HONORS							
						From To													
ELEMENTARY		JESUS CABARRUS CATHOLIC SCHOOL		PRIMARY EDUCATION		06/01/1994 03/28/1999				1999									
SECONDARY		JESUS CABARRUS CATHOLIC SCHOOL		HIGH SCHOOL		06/01/1999 3/20/2004				2004									
VOCATIONAL / TRADE COURSE		KFAR SILVER CAMPUS, AGROSTUDIES		DIPLOMA IN APPLICABLE AGRICULTURE PROGRAM		09/21/2016 08/18/2017				2017									
COLLEGE		VISAYAS STATE UNIVERSITY		BS DEVELOPMENT EDUCATION		08/01/2013 06/15/2018				2018									
GRADUATE STUDIES		VISAYAS STATE UNIVERSITY		MS Agricultural Extension		09/01/2022 present													
(Continue on separate sheet if necessary)																			
SIGNATURE						DATE													

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			
(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			
	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 Entrepreneur Thru Climate Smart Farm Business School Approach in Seleded Municipalities of Region VIII	03/04/2020	03/06/2020	24 hrs	Technical	Visayas State University
	Youth Engagement in Sustainable Agriculture in the Philippines via Zoom	10/24/2024	10/24/2024	4 hrs	Technical	PhilEASNet
	Development of Research Framework via Zoom	11/05/2024	11/05/2024	4 hrs	Technical	UP Los Banos
(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)	
	Drip Irrigation technician				Knights of Colombus	
	Hydrophonic Farming				Missionary Family of Christ	
					VSU Alumni Association	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE		

