CS Form No. 212 Revised 2017									
	PERSO	NAL DAT	A SH	IEE'	T				
WARRING: 4					.=	nioriminal sees t	analose she		
concerned.	tion made in the Personal Data Sheet and th			1.40		e/criminal case/1	ageinst the j	person	
	TO FILLING OUT THE PERSONAL DATA SH			IE PDS POR	1. CS ID No.		(Do not fill up.	For CSC use or	
ISPERSONAL INFORMATIO									
2. BURNAME	CABILING								
FIRST NAME	ANTHON MIGUEL					NAME EXTENSION (J	R., SR)		
MIDDLE NAME	ELORCHA								
3. DATE OF BIRTH (mm/dd/yyyy)	DECEMBER 18, 1999	16. CITIZENSHIP	✓ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturaliza			divettoo			
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citize				_			
5. SEX	✓ Male ☐ Female	please indicate the d	etails.					•	
6 CML STATUS	✓ Single	17. RESIDENTIAL ADDRESS	95 222			ANDRES BONIFA		CIO	
	☐ Widowed ☐ Separated		Hou	House/Block/Lot No. N/A P.			Street JULINO AVELLANA		
	Other/s:	1		Subdivision/Village BAYBAY			Barangay LEYTE		
7. HEIGHT (m)	1.65 (m)			ily/Municipality			Province		
8. WEIGHT (kg)	80 (kg)	ZIP CODE				6521			
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS	Hou	222 se/Block/Lot N	ó,	AND	RES BONIFA	UIU	
10. GSIS ID NO.	N/A			N/A bd/vision/VIIIag		PAUL	LINO AVELLANA		
11. PAG-IBIG ID NO.	121345953919	1		BAYBAY			Barangay LEYTE		
			10000000000	ity/Municipality			Province		
12. PHILHEALTH NO.	132029636390	ZIP CODE 19. TELEPHONE NO.	6521						
13. SSS NO.	654-802-764	20. MOBILE NO.	N/A 0965-088-4751						
14. TIN NO.									
15, AGENCY EMPLOYEE NO.	NA	21. E-MAIL ADDRESS (If any)	CABILINGAN	ITHONMIG	UELÆGMA	L.COM			
II. FAMILY BACKGROUND	NA .	A STATE OF THE STA	22 NAME of CH	II DDEN AND		liet off	DATE OF BID	TH (mm/Adhana	
22. SPOUSE'S SURNAME		NAME EXTENSION (JR., SR)	23. NAME of CHILDREN (Write full name and list all) N/A		I HOL ZMI)	DATE OF BIRTH (mm/dd/yyyy)			
FIRST NAME	N/A	MA	NA						
MIDDLE NAME	 								
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	CABILING	NAME EXTENSION (JR., SR)							
FIRST NAME	MIGUEL	NIA							
MIDDLE NAME	PERNITO								
25. MOTHER'S MAIDEN NAME	ELORCHA								
SURNAME	ISRAEL								
FIRST NAME	BABILYN								
MIDDLE NAME	OLMOGES			(Co	ontinue on sep	parate sheet if neces	sary)	7 - p =	
III. EDUCATIONAL BACKG	ROUND:	1		r				SCHOLARSHIP	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURS (Write in full)		DURSE PERIOD OF ATTENDANCE HIGHEST LEVEL/ UNITS EARNED From To (if not graduated)		YEAR GRADUATED	ACADEMIC HONORS RECEIVED		
ELEMENTARY	GUADALUPE ELEMENTARY SCHOOL	PRIMARY EDUCATION		2007	2013	GRADUATED	2013	1ST HONO	
AFAMINANA	NAYBAY NATIONAL HIGH SCHOOL JUNIOR HIGH SCHOO			2013	2017	GRADUATED	2017	WITH HONOR	
SECONDARY	BAYBAY CITY SENIOR HIGH SCHOOL	SENIOR HIGH SCHOOL		2017	2019	GRADUATED	2019	WITH HIGHES HONOR	
VOCATIONAL / TRADE COURSE	NA	NA		N/A	NA	NA	NA	NA	
on sor	ACLC COLLEGE OF ORMOC	BACHELOR OF SCIENCE INFORMATION TECHNOL	A STATE OF THE STA	2019	2020	45 UNITS	N/A	N/A	
COLLEGE	EASTERN VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE STATISTICS	IN	2020	2024	GRADUATED	2024	NA	
GRADUATE STUDIES	N/A	NA		NA	N/A	NA	N/A	N/A	
	(C	1 ontinue on separate sheet if nece	ssary)			·			

JULY 16, 2014

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DATE

SIGNATURE

re cines	STIFFERINGE	I STATIS							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINA	ATION / CONFE	RMENT	LICENSE (If a	Date of Validity	
DRIVER'S L	RIVER'S LICENSE		NA	DECEMBER 19,2023	BAYBAY	ITY, LEYTE		H12-18-003802	18/12/2033
								<u> </u>	
				<u> </u>					
				 					
					_				
			(Co	ontinue on separate sheet	If necessary)				
	⊒XQ⊒RIENG3 Valeemidoyad	inic Signa irolmyjottaveiski	(work) Descriptio	ກາດໃຕ້ແລະຮັກນໃຕ້	e hidrene dha dha sucah	anulodajās.	เมื่อเกิดเกิด	2	
	8. INCLUSIVE DATES POSITION TI (Write in full/Do not			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOS/ PAY GRADE (II applicable)& STEP (Format 100-0'y INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
NA	NA	N/A			N/A			NA	N/A
_	ļ			-					
	-								
									
						-			
	-			-					
				<u> </u>					
	-								
			(Co	ntinue on separate sheet	if necessary)				
SIGN	ATURE	7	く (rit		DATE			26, 2024	
			,					SEASON DIDITION	MW Days Sa

U VOLUMANATORIORIUM ETEM	NONE/NORFOXERILEN/			inchile inchi	26		
	NAME & ADDRESS OF URGANIZATION		/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A			N/A	N/A	WA		
VIELEARNING AND DEVELORMENT ((LSD)		tinue on separate					
				THE WAY THE	January)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (WHILE IN ILII)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerist/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
MEAT QUALITY: PRODUCER AND CONSUMER:8 PER	RESCOVE	9/29/2023	9/29/2023	4	FOUNDATION	INNOVATIVE TECHNOLOGY AND MANAGEMENT	
THE ARMCHAIR STATISTICIAN: HOW STATISTICS CA		8/17/2023	8/17/2023	4	FOUNDATION	JOURNAL AND EASTERN VISAYAS STATE UNIVERSITY EASTERN VISAYAS STATE UNIVERSITY	
INNOVATIONS FOR IMPACT: 8GDe ENERGY TRANSF		5/25/2023	5/25/2023	4	FOUNDATION	INNOVATIVE TECHNOLOGY AND MANAGEMENT JOURNAL AND EASTERN VISAYAS STATE UNIVERSITY	
FROM OUTPUTS TO OUTCOMES: ASSESSING THE IN	IPACT OF DEVELOPMENT PROJECTS	4/20/2023	4/20/2023	4	FOUNDATION	INNOVATIVE TECHNOLOGY AND MANAGEMENT JOURNAL AND EASTERN VISAYAS STATE UNIVERSITY	
HOW TO WRITE AND PUBLISH A HIGH-IMPACT JOUR	RNAL ARTICLE	1/30/2023	1/30/2023	4	FOUNDATION	INNOVATIVE TECHNOLOGY AND MANAGEMENT JOURNAL AND EASTERN VISAYAS STATE UNIVERSITY	
DISSEMINATION FORM ON THE RESULTS OF THE 20 ACCOUNTS OF THE PROVINCE OF LEYTE AND CITY		12/12/2022	12/12/2022	4	FOUNDATION	PHILIPPINE STATISTICS AUTHORITY - EASTERN VISAYAS	
	(Cont	tinue on separate i	sheet if necessary,				
in forte all something							
31. SPECIAL SKILLS and HOSSIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Wittle in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Witte In full)	
DIGITALLY LITERATE	EXCELLENT RESEARCHER AWARDEE					PHILIPPINE STATISTICAL ASSOCIATION, INC.	
GOOD AT DESIGNING							
INTERPERSONAL COMMUNICATION							
STATISTICAL ANALYSIS							
DATA INTERPRETATION							
ATTENTION TO DETAILS							
RESOURCEFUL	(Cont	tinue on separate s	heel If necessary				
SIGNATURE	\prec	(À		DA	TE	JULY 26, 2024	
		-				CS FORM 212 (Revised 2017), Page 3 of 4	

Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?	☐ YES	☑ NO				
b. within the fourth degree (for Local Government Unit - Care	YES If YES, give detai	☑ NO				
35. 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 an any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37. Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fi in the public or private sector?		☐ YES ☑ NO If YES, give details:				
38. a. Have you ever been a candidate in a national or local election)?		☐ YES ☑ NO If YES, give details:				
election to promote/actively campaign for a national or local	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?					
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),						
a. Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:					
b. Are you a person with disability?	YES If YES, please specif	y ID No:				
c. Are you a solo parent?	c. Are you a solo parent?					
41. REFERENCES (Person not related by consanguinity or affinity to applicant.	/appointee)					
NAME	ADDRESS	TEL. NO.				
THEA C. GALOS	TACLOBAN CITY, LEYTE	9276039033	66			
HANNA RACHELLE A. GOHIL	JAVIER, LEYTE	9169451197				
ABEL KEINT G. TIGOL	BAYBAY CITY, LEYTE	9569878955				
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the I intative to verify/validate the contents state	Republic of the d herein.	ANTHON MIGUEL BY CABILING			
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	,					
Government Issued ID: PHILIPPINE IDENTIFICATION CARD						
Date/Place of Issuance 1 189/ P2021 BAYBAY CITY, LEYTE	x)	Right Thumbmark				
SUBSCRIBED AND SWORM to perfore me this Doc. 100 and	ng his/her validly issued	government ID as indicated above.				
	/		OC 500M 242 (Decided 2047). Door 4 of 4			