## 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 1. CS ID No. (Do not fill up. For CSC use only Print legibly. Tick appropriate boxes ( 🔲 and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. I. PERSONAL INFORMATION **ESTROSAS** 2. SURNAME NAME EXTENSION (JR., SR) N/A FIRST NAME MARIA FATIMA MIDDLE NAME BOHOL 3. DATE OF BIRTH OCTOBER 3,1992 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) ■by birth ■by naturalization 4. PLACE OF BIRTH BAYBAY CITY LEYTE If holder of dual citizenship Pls. indicate country: please indicate the details ■ Male ✓ Female 5. SEX Purok Sunflower ☐ Single ✓ Married 7. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No. Street ■ Widowed ☐ Separated BRGY. MARCOS Other/s: Subdivision/Village Barangay BAYBAY CITY 7. HEIGHT (m) 1.50 m Citv/Municipality 8. WEIGHT (kg) 54 kg ZIP CODE 6521 BIASONG STREET 18. PERMANENT ADDRESS 9. BLOOD TYPE House/Block/Lot No. Purok Sunflower BRGY, MARCOS 2005203341 10. GSIS ID NO. Subdivision/Villag Barangay BAYBAY CITY LEYTE 11. PAG-IBIG ID NO. 917174381669 City/Municipality 13-252156584-9 12. PHILHEALTH NO. ZIP CODE 6521 N/A 13. SSS NO. N/A 19. TELEPHONE NO. 14. TIN NO 492 732 533 20. MOBILE NO. 0968 690 7197 N/A 15 AGENCY EMPLOYEE NO mfestrosas@vsu.edu.ph 21. E-MAIL ADDRESS (if any) I. FAMILY BACKGROUND 22. SPOUSE'S SURNAME Chavez 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) AME EXTENSION (JR., SR) Ryo Uno E. Chavez April 29, 2021 FIRST NAME Stephen James N/A MIDDLE NAME Martinez N/A N/A OCCUPATION Computer Programmer N/A N/A EMPLOYER/BUSINESS NAME Visyas State University N/A N/A BUSINESS ADDRESS N/A N/A N/A TELEPHONE NO. N/A N/A N/A 24. FATHER'S SURNAME **ESTROSAS** N/A JR N/A UCIO N/A FIRST NAME N/A MIDDLE NAME **ESCOL** N/A N/A 25. MOTHER'S MAIDEN NAME N/A N/A SURNAME BOHOL N/A N/A IDA N/A FIRST NAME MIDDLE NAME MERIN (Continue on separate sheet if necessary) II. EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE ACADEMIC LEVEL UNITS FARNED (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From То ELEMENTARY MARCOS ELEMENTARY SCHOOL 1ST HONOR 2000 2004 N/A N/A SAN. AGUSTIN ELEMENTARY SCHOOL N/A 2004 2006 N/A 2006 **4TH HONOR** BUNGA NATIONAL HIGH SCHOOL 2006 2010 9TH HONOR SECONDARY N/A 2010 N/A N/A N/A N/A N/A N/A TRADE COURSE BACHELOR OF SCIENCE IN DEVELOPMENT COMMUNICATION VISAYAS STATE UNIVERSITY 2016 COLLEGE 2010 N/A 2016 N/A GRADUATE STUDIES VISAYAS STATE UNIVERSITY MS Agricultural Extension 2017 N/A N/A N/A N/A SIGNATURE DATE December 23, 2022

IV. CIVIL S	ERVICE ELIG	IBILITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF			LICENSE (if a		
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
Career Service (Professional) Eligibility			84.5	6/19/2022	New Ormoc City National High School, Orm City			N/A	N/A
	N/A			N/A	N/A			N/A	N/A
N/A			N/A	N/A	N/A			N/A	N/A
N/A			N/A	N/A	N/A			N/A	N/A
	N/A			N/A	N/A			N/A	N/A
	N/A			N/A	N/A			N/A	N/A
N/A			N/A	N/A				N/A	N/A
	XPERIENCE			ntinue on separate sheet					
	ate employmen ISIVE DATES	t. Start from your recent	work) Description (	of duties should be i	indicated in the attached \	Nork Experie	salary/ JOB/ PAY		
	m/dd/yyyy)	POSITION T (Write in full/Do not		DEPARTMENT / AGENCY / OFFICE / COMPAI (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
SEPT 2016	DEC. 2016	AACCUP DATA I	ENCODER	VSI	J, ODREX	PHP 5000		JO	Y
JAN. 2017	APRIL 15, 2017	SRA EXTENSION P	UBLICATION		J, ODREX	PHP 7900		JO	Υ
APRIL 2017	PRESENT	SRA EXTENSION MON		VSI	J, ODREX	PHP 14900		Contractual	Υ
				tinue on separate sheet		l			
SIGNATURE		M_H	n who.		DATE	December 23, 2		er 23, 2022 S FORM 212 (Revised 2)	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29.	NAME & ADDRESS OF OF (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	(Mile III dai)	(vviile iii luii)		From To		. 55.7.5.7.1.1.1.5.1.2 5. 7.5.1.1		
N/A			N/A	N/A	N/A		N/A	
N/A			N/A	N/A	N/A		N/A	
	N/A		N/A	N/A	N/A		N/A	
	N/A		N/A	N/A	N/A		N/A	
	N/A		N/A	N/A	N/A	N/A		
N/A			N/A	N/A	N/A	N/A		
N/A			N/A	N/A	N/A	N/A		
VII. LE	EARNING AND DEVELOPMENT (L&D)		tinue on separate s ROGRAMS A1					
(Start fron	n the most recent L&D/training program and include	only the relevant L&D/training taken for th	e last five (5) years	for Division Chief/	Executive/Manager	ial positions)		
30.	TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)	RVENTIONS/TRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
	Intellectual Property Founda	tion Course	From 12/5/2017	To 12/6/2017	48 hrs	technical	OVPRE	
	Extension Project Proposa		3/5/2018	3/9/2018	120 hrs	technical	Agricultural Training Institute	
Tra	acking Beyond: Training Course on Basic Mo stakeholders		7/9/2018	7/13/2018	120 hrs	technical	Agricultural Training Institute	
	stakenoiders							
			4	the set if				
VIII. O	THER INFORMATION	(Con	tinue on separate s	sneet if necessary)				
31.	SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	COMPUTER SKILLS	N/A					WOMEN ASSOCIATION (FoRWARD)	
	DATA ANALYSIS							
	RESEARCH	N/A						
				N/A				
	LAYOUT	N/A						
	COOKING	N/A						
	N/A							
	SIGNATURE	(Con	tinue on separate s	sheet if necessary)		ATE	December 23, 2022	
	GIGHATURE						December 20, 2022	

<ul> <li>Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate so Bureau or Department where you will be apppointed, a. within the third degree?</li> <li>b. within the fourth degree (for Local Government Unit - Caree)</li> </ul>	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:						
35. a. Have you ever been found guilty of any administrative offer	YES NO If YES, give details:						
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details:     Date Filed: Status of Case/s:						
36. Have you ever been convicted of any crime or violation of any regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:						
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, end phased out (abolition) 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 electing Barangay election)?	8. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?						
<ul> <li>b. Have you resigned from the government service during the last election to promote/actively campaign for a national or loc</li> </ul>	☐ YES ☑ NO If YES, give details:						
39. Have you acquired the status of an immigrant or permanent re	☐ YES ☑ NO If YES, give details (country):						
<ul> <li>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magn 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p</li> <li>a. Are you a member of any indigenous group?</li> <li>b. Are you a person with disability?</li> <li>c. Are you a solo parent?</li> </ul>	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:						
41. REFERENCES (Person not related by consanguinity or affinity to applicant /ap	ppointee)						
NAME	ADDRESS	TEL. NO.					
DR. MONINA ESCALADA  PROF. EFREN SAZ	VISCA BAYBAY CITY LEYTE  BILIRAN PROVINCE	9189239657	35				
DR. ANTONIO P. ABAMO	VISCA BAYBAY CITY LEYTE	9209835693					
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: VOTERS ID ID/License/Passport No.: 3708-0221A Date/Place of Issuance: BAYBAY CITY LEYTE	Signature (Sign inside the December 23, 202 Date Accomplished	22					
SUBSCRIBED AND SWORN to before me this	, affiant exhib Person Administering Oa		d government ID as indicated above.				