

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	MALACO		
FIRST NAME	WAFIA	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	BALIMBING		
3. DATE OF BIRTH (mm/dd/yyyy)	6/5/1987	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	MUNAI,LANAO DEL NORTE	If holder of dual citizenship, please indicate the details.	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	N/A N/A House/Block/Lot No. Street N/A PSU CCRD Subdivision/Village Barangay SOFRONIO ESPANOLA PALAWAN City/Municipality Province
7. HEIGHT (m)	1.52	ZIP CODE	
8. WEIGHT (kg)	52		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A LIANGAN WEST Subdivision/Village Barangay MAIGO LANAO DEL NORTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	9219
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	20-201013751-0	19. TELEPHONE NO.	N/A
13. SSS NO.	N/A	20. MOBILE NO.	09480671313
14. TIN NO.	450-134-893-000	21. E-MAIL ADDRESS (if any)	wafiamalaco@gmail.com
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and 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		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	ABDULMALIK		N/A	N/A
FIRST NAME	MALACO	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	DARIA		N/A	N/A
25. MOTHER'S MAIDEN NAME	BALIMBING		N/A	N/A
SURNAME	BALIMBING		N/A	N/A
FIRST NAME	ROCAYA		N/A	N/A
MIDDLE NAME	MACABAAS		(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	LIANGAN WEST ELEMENTARY SCHOOL	PRIMARY EDUCATION	6/5/1997	3/25/2003	N/A	2002	N/A
SECONDARY	LIANGAN NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	6/7/2003	12/15/2006	N/A	2014	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	MINDANAO STATE UNIVERSITY-MAIN	BACHELOR OF LIBRARY AND INFORMATION SCIENCE	8/10/2015	7/4/2019	N/A	2019	StuFAPs
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A


SIGNATURE		DATE	JANUARY 27, 2021
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## V. WORK EXPERIENCE

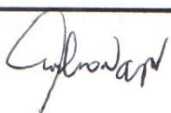
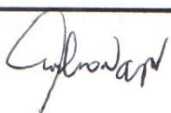
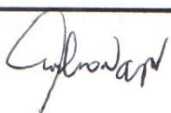






[illegible]

SIGNATURE		DATE	January 27, 2021
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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 checked="" 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO MARANAO</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><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>ROSHEN LOMOC SO</td><td>PROFESSOR-MINDANAO STATE UNIVERSITY-MARAWI CITY</td><td>0917-155-1433</td></tr><tr><td>HASMIN ABDULHALIM</td><td>PROFESSOR-MINDANAO STATE UNIVERSITY-MARAWI CITY</td><td>0930-889-4322</td></tr><tr><td>KAMILAH S. UNDA</td><td>OIC Chief Librarian, ARMM Regional Library, SKCC, Cotabato City</td><td>0946-361-2355</td></tr></table>		NAME	ADDRESS	TEL. NO.	ROSHEN LOMOC SO	PROFESSOR-MINDANAO STATE UNIVERSITY-MARAWI CITY	0917-155-1433	HASMIN ABDULHALIM	PROFESSOR-MINDANAO STATE UNIVERSITY-MARAWI CITY	0930-889-4322	KAMILAH S. UNDA	OIC Chief Librarian, ARMM Regional Library, SKCC, Cotabato City	0946-361-2355
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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.													
<table><tr><td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID:</td><td>Passport</td></tr><tr><td>ID/License/Passport No.:</td><td>P2711003B</td></tr><tr><td>Date/Place of Issuance:</td><td>Aug. 03, 2019</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	Passport	ID/License/Passport No.:	P2711003B	Date/Place of Issuance:	Aug. 03, 2019	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	Date Accomplished	
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WAFIA B. MALACO													
PHOTO													
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td>_____</td></tr><tr><td>Person Administering Oath</td></tr></table>		_____	Person Administering Oath										
_____													
Person Administering Oath													



Republic of the Philippines  
**PROFESSIONAL REGULATION COMMISSION**  
Manila



PROFESSIONAL IDENTIFICATION CARD

LAST NAME

FIRST NAME

MIDDLE INITIAL/NAME

REGISTRATION NO.

REGISTRATION DATE

VALID UNTIL

▶ MALACO

▶ WAFIA

▶ BALIMBING

▶ 0009840

▶ 10/04/2019

▶ 06/05/2022



LIBRARIAN



06/05/1987  
11/07/2019

Professional Regulation Commission  
P. Paredes St., Sampaloc, Manila 1008, Philippines  
www.prc.gov.ph (632) 7362248 / 3102009

18-1926660

CERTIFICATION

This is to certify that the person whose name, photograph, and signature appear herein is a duly registered professional, legally authorized to practice his/her profession with all the rights and privileges appurtenant thereto.

This is to certify further that he/she is a professional in good standing and that his/her certificate of registration/professional license has not been suspended, revoked, or withdrawn.

  
Signature of Professional

  
TEOFILO S. PILANDO, JR.  
CHAIRMAN