

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	TRIPOLE		
FIRST NAME	MARK RYAN		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	ROSAL		
3. DATE OF BIRTH (mm/dd/yyyy)	3/25/1989	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	DUBAI, UNITED ARAB EMIRATES	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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 SEGUINON Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.70	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A SEGUINON Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province ZIP CODE 6542
8. WEIGHT (kg)	77		19. TELEPHONE NO.
9. BLOOD TYPE		20. MOBILE NO.	+63 920 119 6784
10. GSIS ID NO.	2005468744	21. E-MAIL ADDRESS (if any)	mark.rtripole@gmail.com
11. PAG-IBIG ID NO.	121058335874		
12. PHILHEALTH NO.	120252864321		
13. SSS NO.			
14. TIN NO.	351324181		
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
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	TRIPOLE			
FIRST NAME	MARIETO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CABINTOY			
25. MOTHER'S MAIDEN NAME	NYMPHA SOTTO ROSAL			
SURNAME	TRIPOLE			
FIRST NAME	NYMPHA			
MIDDLE NAME	ROSAL		(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	ST. MARY'S CATHOLIC SCHOOL	PRIMARY SCHOOL	1996	2001	N/A	2001	N/A
SECONDARY	ST. MARY'S CATHOLIC HIGH SCHOOL	HIGH SCHOOL	2001	2005	N/A	2005	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	DE LA SALLE UNIVERSITY, DASMARIÑAS	ELECTRONICS AND COMMUNICATIONS ENGINEERING	2005	2009	4th Year	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY (MAIN CAMPUS)	BACHELOR OF SCIENCE IN CHEMISTRY	2013	2017	N/A	2017	UNIVERSITY SCHOLAR (3 SEMESTERS)
GRADUATE STUDIES	UNIVERSITY OF SAN CARLOS, TALAMBAN CAMPUS	MASTER OF SCIENCE IN CHEMISTRY	2019	Present	2nd Year	N/A	DoST ASTHRDP RECIPIENT

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 27, 2022
-----------	---	------	------------------