CS Form No. 212 Revised 2017	PER	lSO	NAL DAT	A SI	HEE'	Т	4 B 4 B	- 14 A		
to the second	ation made in the Personal Data She		manifestation and the same				Iminal case/s aga	inst the perso	on concerned.	
Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL IS ( ) and use separate sheet if necessary					1. CS ID No.		(Do not fill up.	For CSC use only	
I. PERSONAL INFORMATIO	I I manufacture								The state of the s	
2. SURNAME	LIPARDO						C	-		
FIRST NAME	ABIGAIL						NAME EXTENSION (UR	., SR)		
MIDDLE NAME	MANATAD		1				-			
3. DATE OF BIRTH (mm/dd/yyyy)	8/17/1998		16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth			□ by naturaliza	ation		
4. PLACE OF BIRTH	ORMOC CITY, LEYTE	Ė	If holder of dual citizes	and and a			Pls. indicate of	country:		
5. SEX	☐ Male ☑ Fe	emale	please Indicate the de	etails.					~	
6 CIVIL STATUS		farried	17. RESIDENTIAL ADDRESS		N/A			DE LEON ST.		
	☐ Widowed ☐ Se	eparated			house/Block/Lot N N/A			Street BALUGO		
- company to	III		-	S	Subdivision/Villeg ALBUERA	20	cal S.	Barangay		
7. HEIGHT (m)	1.52		-		City/Municipality	·		Province		
8. WEIGHT (kg)	58	My har I	ZIP CODE	<u> </u>	a jai	L0450	6542	SEAS	_ 25500	
9. BLOOD TYPE	B+	10.11	18. PERMANENT ADDRESS	Н	N/A louse/Block/Lot N	Va.	-	DE LEON ST. Street BALUGO		
10. GSIS ID NO.	N/A		ASTATION OF THE STATE OF	-	N/A Subdivision/Villag					
11. PAG-IBIG ID NO.	121239950909	-	and many	-	ALBUER	RA		Barangay LEYTE		
12 PHILHEALTH NO.	132524983846		ZIP CODE	- '	City/Municipality 6542			Province		
			+							
13, SSS NO.	3479948868		19. TELEPHONE NO.				N/A			
14. TIN NO.	352115892-000		20. MOBILE NO.		09156502212					
15. AGENCY EMPLOYEE NO.	140160		21. E-MAIL ADDRESS (if any)		abigsmlipardo04@gmail.com					
II. FAMILY BACKGROUND		2 manual market	The second state				Interior			
22. SPOUSE'S SURNAME				23. NAME of CH	HILDREN (Write	full name and	list all)	DATE OF BIRT	TH (mm/dd/yyyy)	
FIRST NAME	N/A		NAME EXTENSION (JR., SR)				Park I			
MIDDLE NAME		N/A								
OCCUPATION		N/A								
EMPLOYER/BUSINESS NAME		N/A			generoesk og	i de la companya de			Contraction of the	
BUSINESS ADDRESS		N/A								
TELEPHONE NO.	G. market Market State of the S	N/A								
24. FATHER'S SURNAME	U	LIPARDO								
FIRST NAME	LEONIDES		NAME EXTENSION (JR., SR)							
MIDDLE NAME	0	DE LEON								
25. MOTHER'S MAIDEN NAME					Š.					
SURNAME	M	IANATAD								
FIRST NAME	1	MERLIN								
MIDDLE NAME	EVA	EVANGELISTA			(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKG	ROUND	7.00				72000				
26.	NAME OF SCHOOL (Write in full)		BASIC EDUCATION/DEGREE/COURSE (Write in full)		TERROR OF MITERIAL		HIGHEST LEVEL	YEAR	SCHOLARSHIP! ACADEMIC	
LEVEL							(if not graduated)	COADUATED		
ELEMENTARY	TINAG-AN ELEMENTARY SCHOOL				6/14/2004	4/5/2010		2010	8TH HONOR	
SECONDARY	DR. GERONIMO B. ZALDIYAR MEMORIAL SCHOOL OF FISHERIES, ALBUERA			1000	6/14/2010	4/4/2014		2014	9TH HONOR	
VOCATIONAL / TRADE COURSE	N/A									
COLLEGE	VISAYAS STATE UNIVERSITY, MAIN CAMPUS		BACHELOR OF SCIENCE IN COMPUTER SCIENCE		6/16/2014	6/18/2018		2018	Janes -	
GRADUATE STUDIES	N/A									
	1	((	Continue on separate sheet if nece	ssary)				1 -11	1	
SIGNATURE		/			DA	ATE	02	/ 21/	9/7	



IV. CIVIL S	ERVICE ELIGIB	LITY							
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER RATING			DATE OF EXAMINATION /	TION / CONFE	DMENT	LICENSE (if applicable)			
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE  (If Applicate)		CONFERMENT			NUMBER	Date of Validity			
CA	CAREER SERVICE EXAMINATION 85.0		03/03/224	C CITY	SH SCHOOL,	A property of	No 12		
	(PROFESSIO	JNAL)	per transfer	Printed Association	ORMO	CCIT	-0, 58 affe	fine frequency	Lung go
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				A	Comment of the same of		AND THE RESERVE OF	ALLEN IN THE	
	OFFICE OF STREET	7					100 Later 1		
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			in the	10					76.0
	107			New Town	. 30	180			2
			(Co	ontinue on separate shee	t if necessary)		manager of the		A TO MY NAME OF THE PARTY OF TH
V. WORK	EXPERIENCE	A STATE OF STREET							
(Include pri	vate employment.	Start from your recen	t work) Description	n of duties should b	e indicated in the attached	Work Exp	EALARY/ JOB/ PAY		
	LUSIVE DATES mm/dd/yyyy)	POSITION T		DEPARTMENT / AC	MONTHLY	GRADE (# application) STEP (Format '00 0") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)	
From	То	(Write in full/Do not	abbreviate)	(Write in full/Do not abbreviate)					SALARY
11/18/2018	7/25/2023	OPD CLE	RK		PARTMENT, GATCHALIAN	11000.00	10810	PERMANENT	) NO INC. I
7/26/2023	PRESENT	CLINIC OFFICE-IN-CHARGE		GATCHALIAN I	MEDICAL CENTER GATCHALIAN MEDICAL CENTER - SM			PERMANENT	W-17-12-12-13
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	,					14			
		- Company		DEATT. D	NOT THE REAL PROPERTY AND ADDRESS OF THE PARTY		BAYARY B		
- Car			a a francis -	de la company	7		Alexander ere and		
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			(Co	ntinue on separate shee	( if necessary)	A RESTAURANT		TO LAND SHOW	tyd taleac
SIGN	ATURE				DATE		02 / 1	1/25	



VI. VOLUNTARY WORK OR INVOLVEMENT I	N CIVIC / NON-GOVERNMENT	/ PEOPLE / VO	LUNTARY	ORGANIZATION	S		
29. NAME & ADDRESS OF OF (Write in Auf)			INCLUSIVE DATES (mm/dd/yyyy)  From To		POSITION / NATURE OF WORK		
	179		Topic)	All the results	V. 1 1000	Charles Grant Grant State Comment	
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		ontinue on separate sh		ny)			
VII. LEARNING AND DEVELOPMENT (L&D)	NTERVENTIONS/TRAINING 12.	INCLUSIVE O	ade Arthur Blad & Comp. Million		Type of LD		
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full		ATTENDANCE (mm/dd/yyyy)		HUMBER OF HOURS	(Managerial) Supervisory!	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То		Technical/etc)		
	listed with the list of	100	cat at a	To to tend of		Million of the form of the second	
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			No see	r vinancessi i		LOCAL ACTUAL STORY	
	(Cor	ntinue on separate sh	neet if necessar	η			
VIII, OTHER INFORMATION			the second second			LETA DE COCIA TONOCCANITA TON	
31. SPECIAL SKILLS and HOBBIES	32. NON	N-ACADEMIC DISTING (Write	In full)	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
	PHILNITS - INFORMATION	TECHNOLOGY F	ASSPORT	(IP) CERTIFICATIO	N EXAM	A 11 DESIGNATION OF REAL PROPERTY.	
						ACTIONS IN CONTRACTOR	
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			Section 1		A CHAPTER TO	CONTROL AND	
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	(Con	stinue on separate sh	set if necessar	The state of the s		THE RESERVE OF THE PARTY OF THE	
SIGNATURE				DAT	TE	CS FORM 212 (Revised 2017), Page 3 of 4	



34. Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediat Bureau or Department where you will be apppointed, a. within the third degree?	□ YES ☑ NO					
b. within the fourth degree (for Local Government Unit - Car	☐ YES ☑ NO If YES, give details:					
35. a. Have you ever been found guilty of any administrative of	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 a any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37. Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, e (abolition) in the public or private sector?	nd of term, finished contract or phased out	☐ YES ☑ NO If YES, give details:				
a. Have you ever been a candidate in a national or local ele Barangay election)?      b. Have you resigned from the government service during the service during	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO					
election to promote/actively campaign for a national or loca  39. Have you acquired the status of an immigrant or permanen	If YES, give details:  ☐ YES ☐ NO  If YES, give details (country):					
<ul> <li>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)</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>	, please answer the following items:	☐ 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 consangularity or affinity to applicant	t /appointee)					
NAME	ADDRESS	TEL. NO.				
JEZYLL CENIZA  ANGELA FELIZA GUANZON	ORMOC CITY ORMOC CITY	09954715391	50			
ANGELA PELIZA GUARZON	Grands diff	03200401404	<b>(</b>			
42. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized repres- agree that any misrepresentation made in this doc administrative/criminal case/s against me.	nent laws, rules and regulations of the fe entative to verify/validate the contents state	Republic of the d herein.				
Government Issued ID (i a Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance						
Government Issued ID: PASSPORT	A STATE OF THE STA	Line Statistics				
ID/License/Passport No.: P3498228B	x)	indigate by				
Date/Place of Issuance: 10/10/2019 / DFA TACLOBAN	Date Accomplished		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	, afflant exhibiti	ng his/her validly issued governme	ent ID as indicated above.			
	Person Administering Oath	Constant of the Constant of th	a chès			