

CS Form No. 212  
Revised 2025

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 if accomplished through own handwriting. Tick appropriate boxes ☐ ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

I. PERSONAL INFORMATION											
1. SURNAME		PANTORILLA									
2. FIRST NAME		DAISY					NAME EXTENSION (JR., SR)			N/A	
MIDDLE NAME		ENCARNACION									
3. DATE OF BIRTH (dd/mm/yyyy)		02/12/1992		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		PALOMPON, LEYTE		If holder of dual citizenship, please indicate the details.							
5. SEX AT BIRTH		<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		676 N/A House/Block/Lot No. Street					
7. HEIGHT (m)		1.52		ZIP CODE		N/A SANTO ROSARIO Subdivision/Village Barangay					
8. WEIGHT (kg)		50				BAYBAY LEYTE City/Municipality Province					
9. BLOOD TYPE		B+		18. PERMANENT ADDRESS		N/A WASHINGTON House/Block/Lot No. Street					
10. UMID ID NO.		0111-6329885-5		ZIP CODE		N/A IPIL II Subdivision/Village Barangay					
11. PAG-IBIG ID NO.		1210-9968-2600				PALOMPON LEYTE City/Municipality Province					
12. PHILHEALTH NO.		13-201177973-9				6538					
13. PhilSys Number (PSN):		3809-3463-0832-6045		19. TELEPHONE NO.		N/A					
14. TIN NO.		708-707-185		20. MOBILE NO.		+639673521852					
15. AGENCY EMPLOYEE NO.		VJO02112		21. E-MAIL ADDRESS (if any)		AJMARIODAISY@GMAIL.COM					
II. FAMILY BACKGROUND											
22. SPOUSE'S SURNAME		N/A			23. NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (dd/mm/yyyy)			
FIRST NAME		N/A		NAME EXTENSION (JR., SR)		N/A		AJ MARIO PANTORILLA LAURENTE		05/22/2012	
MIDDLE NAME		N/A									
OCCUPATION		N/A									
EMPLOYER/BUSINESS NAME		N/A									
BUSINESS ADDRESS		N/A									
TELEPHONE NO.		N/A									
24. FATHER'S SURNAME		PANTORILLA									
FIRST NAME		ROMEO		NAME EXTENSION (JR., SR)		N/A					
MIDDLE NAME		CAMINGAWAN									
25. MOTHER'S MAIDEN NAME											
SURNAME		ENCARNACION									
FIRST NAME		TERESITA									
MIDDLE NAME		MULAR								(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		PALOMPON SOUTH CENTRAL SCHOOL		ELEMENTARY		1999 2005		N/A		2005	N/A
SECONDARY		PALOMPON INSTITUTE OF TECHNOLOGY		HIGH SCHOOL		2005 2009		N/A		2009	N/A
VOCATIONAL / TRADE COURSE		N/A		N/A				N/A		N/A	N/A
COLLEGE		FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION, BAYBAY, LEYTE, INC.		BACHELOR OF SCIENCE IN BUSINESS ADMINISTRATION MAJOR IN FINANCIAL MANAGEMENT		2018 2022		N/A		2022	N/A
GRADUATE STUDIES		N/A		N/A		N/A N/A		N/A		N/A	N/A
(Continue on separate sheet if necessary)											
SIGNATURE						DATE		08/27/2025			

CS FORM 212 (Revised 2025), Page 1 of 4

#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

**(Continue on separate sheet if necessary)**

## V. WORK EXPERIENCE

*(Include private employment. Start from your recent work.) Description of duties should be indicated in the attached Work Experience Sheet.*

[illegible]

**(Continue on separate sheet if necessary)**

<b>SIGNATURE</b>		<b>DATE</b>	08/27/2025
------------------	---	-------------	------------

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (dd/mm/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (dd/mm/yyyy)		NUMBER OF HOURS	Type of L&D ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	ORIENTATION ON THE BASICS OF GOVERNMENT PROCUREMENT WITH THE NEW GOVERNMENT PROCUREMENT ACT (RA 12009)	08/18/2025	08/19/2025	16.0	PROCUREMENT	VISAYAS STATE UNIVERSITY
	ENHANCING DIGITAL COMMUNICATION: VOIP PHONE MASTERY AND OUTPUT MESSENGER TRANSITION	11/20/2024	11/20/2024	4.0	TECHNICAL	VISAYAS STATE UNIVERSITY
	ISO 9001:2015 AWARENESS & RE-AWARENESS WEBINAR	09/09/2024	09/09/2024	4.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
	REFRESHER COURSE AND RETOOLING EXERCISES ON ISO INTERNAL QUALITY AUDIT	08/20/2024	08/20/2024	8.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
	SEMINAR WORKSHOP ON BASIC RECORDS AND ARCHIVES MANAGEMENT (BRAM)	07/30/2024	07/31/2024	16.0	ADMINISTRATIVE	VISAYAS STATE UNIVERSITY
	FROM POLICY TO PRACTICE: EODB, DPA OF 2012, AND PIA REORIENTATION FOR VISAYAS STATE (VSU) PERSONNEL	07/29/2024	07/29/2024	8.0	ADMINISTRATIVE	VISAYAS STATE UNIVERSITY
	ORIENTATION OF GUIDELINES AND PROCEDURES ON PROCESSES/SERVICES OF THE OFFICES UNDER ADMINISTRATIVE SERVICES OFFICE (ASO)	02/23/2024	02/23/2024	8.0	ADMINISTRATIVE	VISAYAS STATE UNIVERSITY
	WORKSHOP ON PROGRAM ACCREDITATION	01/12/2024	01/12/2024	8.0	ACCREDITATION	VISAYAS STATE UNIVERSITY
	DESIGN THINKING WORKSHOP	12/13/2023	12/14/2023	16.0	INNOVATION	VISAYAS STATE UNIVERSITY
	HRIS SOFTWARE ONBOARDING	12/06/2023	12/06/2023	8.0	TECHNICAL	VISAYAS STATE UNIVERSITY
	UNLOCKING EXCELLENCE: THE 5S REVOLUTION FOR CLERKS AND HEADS AT VISAYAS STATE UNIVERSITY	11/29/2023	11/29/2023	8.0	MANAGERIAL	VISAYAS STATE UNIVERSITY
	ISO 9001:2015 AWARENESS & RE-AWARENESS WEBINAR	08/29/2023	08/29/2023	8.0	MANAGERIAL	VISAYAS STATE UNIVERSITY



(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	COMMUNICATION		N/A		N/A
	COMPUTER				
	INTERPERSONAL				
	READING				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	08/27/2025
-----------	---	------	------------

<div>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>		<div><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></div>													
<div>35. a. Have you ever been found guilty of any administrative offense?  b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div></div>													
<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>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>													
<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>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>													
<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>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div></div>													
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country): _____</div></div>													
<div>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), 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>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No: _____</div></div></div>													
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>OFFICE / RESIDENTIAL ADDRESS</th><th>CONTACT NO. AND/OR EMAIL</th></tr><tr><td>ALELI A. VILLOCINO</td><td>BAYBAY CITY</td><td>9173040879</td></tr><tr><td>JOEL REY U. ACOB</td><td>LINAO, ORMOC CITY</td><td>9569161146</td></tr><tr><td>HAZEL F. VASQUEZ</td><td>PALOMPON, LEYTE</td><td>9164826292</td></tr></table>				NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL	ALELI A. VILLOCINO	BAYBAY CITY	9173040879	JOEL REY U. ACOB	LINAO, ORMOC CITY	9569161146	HAZEL F. VASQUEZ	PALOMPON, LEYTE	9164826292
NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL													
ALELI A. VILLOCINO	BAYBAY CITY	9173040879													
JOEL REY U. ACOB	LINAO, ORMOC CITY	9569161146													
HAZEL F. VASQUEZ	PALOMPON, LEYTE	9164826292													
<div>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.</div>		<div><div><div><div>93 DAISY E. PANTORILLA</div></div><div>PHOTO</div></div><div><div><div><div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div><div>Government Issued ID: DRIVER'S LICENSE</div><div>ID/License/Passport No.: H10-17-001047</div><div>Date/Place of Issuance: 12/01/2021 BAYBAY CITY</div></div><div><div><div></div><div>Signature (Sign inside the box) 08/27/2025 Date Accomplished</div></div><div><div></div><div>Right Thumbmark</div></div></div></div></div></div></div>													
<div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div></div><div>Person Administering Oath</div></div>															