

# 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	BAUTISTA			
FIRST NAME	MARY ANN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CORTEZ			
3. DATE OF BIRTH (mm/dd/yyyy)	7/16/1990	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	MEYCAUAYAN, BULACAN	If holder of dual citizenship, please indicate the details.		
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	222 PACHECO ST. House/Block/Lot No. Street BAGBAGUIN Subdivision/Village Barangay MEYCAUAYAN BULACAN City/Municipality Province 3020	
7. HEIGHT (m)	1.63 m	18. PERMANENT ADDRESS	222 PACHECO ST. House/Block/Lot No. Street BAGBAGUIN Subdivision/Village Barangay MEYCAUAYAN BULACAN City/Municipality Province	
8. WEIGHT (kg)	66 kg		ZIP CODE	3020
9. BLOOD TYPE	O+			
10. GSIS ID NO.				
11. PAG-IBIG ID NO.				
12. PHILHEALTH NO.	21-050063445-0	ZIP CODE		
13. SSS NO.	34-1995746-6	19. TELEPHONE NO.		
14. TIN NO.	295-700-312-000	20. MOBILE NO.	+63 9328770038	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	bautista.maryann@gmail.com	

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	BAUTISTA			
FIRST NAME	BERNARDO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	VALDEZ			
25. MOTHER'S MAIDEN NAME	ELVIRA DELA PIERRE CORTEZ			
SURNAME	BAUTISTA			
FIRST NAME	ELVIRA			
MIDDLE NAME	CORTEZ		(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	PEREZ ELEMENTARY SCHOOL	ELEMENTARY	6/10/1996	4/2/2002		2002	HONORABLE MENTION
SECONDARY	MEYCAUAYAN NATIONAL HIGH SCHOOL	HIGH SCHOOL	6/4/2002	4/12/2006		2006	SALUTATORIAN
VOCATIONAL / TRADE COURSE							
COLLEGE	PHILIPPINE NORMAL UNIVERSITY	BACHELOR OF SCIENCE IN BIOLOGY FOR TEACHERS	7/15/2006	3/23/2010		2010	DOTCEF SCHOLARSHIP
GRADUATE STUDIES	DE LA SALLE UNIVERSITY	MASTER IN BIOLOGY	8/15/2011	4/16/2016		2016	SFA SCHOLARSHIP
GRADUATE STUDIES	UNIVERSITY OF CHINESE ACADEMY OF SCIENCES	DOCTOR OF PHILOSOPHY IN BOTANY	8/31/2018	6/31/2021		2021	UCAS SCHOLARSHIP
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		July 12, 2021		

#### 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]

<i>(Continue on separate sheet if necessary)</i>							
<b>SIGNATURE</b>				<b>DATE</b>	JULY 12, 2021		

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED						
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	SECOND INTERNATIONAL SYMPOSIUM OF MAPPING ASIAN PLANTS	1/20/2021	1/20/2021	12.0	TECHNICAL	BIODIVERSITY COMMITTEE, CHINESE ACADEMY OF SCIENCES
	JOINT ANNUAL MEETING OF GUANGDONG-GUANGXI BOTANICAL SOCIETY AND SIXTH ACADEMIC EXCHANGE OF FARIY LAKE BOTANICAL GARDEN	1/18/2021	1/19/2021	24.0	TECHNICAL	FAIRY LAKE BOTANICAL GARDEN
	STATE OF THE WORLD'S PLANTS AND FUNGI SYMPOSIUM	10/13/2020	10/15/2020	36.0	TECHNICAL	KEW BOTANICAL GARDEN
(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)	
	GARDENING					
	COOKING					

<i>(Continue on separate sheet if necessary)</i>		
<b>SIGNATURE</b>		<b>DATE</b>
		<b>JULY 12, 2021</b>

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>George Banez, PhD</td> <td>St. Petersburg, Florida, USA</td> <td>1 727 515 8838</td> </tr> <tr> <td>Chen Tao, PhD</td> <td>Shenzhen Fairy Lake Botanical Garden, China</td> <td>86 13509617099</td> </tr> <tr> <td>Mrs. Salvacion Dorado</td> <td>St. Scholastica's College, Manila</td> <td>9175878695</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	George Banez, PhD	St. Petersburg, Florida, USA	1 727 515 8838	Chen Tao, PhD	Shenzhen Fairy Lake Botanical Garden, China	86 13509617099	Mrs. Salvacion Dorado	St. Scholastica's College, Manila	9175878695
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<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <b>PLEASE INDICATE ID Number and Date of Issuance</b></td> </tr> <tr> <td>Government Issued ID: <b>PASSPORT</b></td> </tr> <tr> <td>ID/License/Passport No.: <b>P6166717A</b></td> </tr> <tr> <td>Date/Place of Issuance: <b>DUBAI CONSULATE</b></td> </tr> </table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <b>PLEASE INDICATE ID Number and Date of Issuance</b>	Government Issued ID: <b>PASSPORT</b>	ID/License/Passport No.: <b>P6166717A</b>	Date/Place of Issuance: <b>DUBAI CONSULATE</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">             Signature (Sign inside the box)  <b>JULY 12, 2021</b>            Date Accomplished         </td> </tr> </table>	 Signature (Sign inside the box) <b>JULY 12, 2021</b> Date Accomplished							
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<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 300px; height: 60px; margin: 10px auto;"></div> <p style="text-align: center;">Person Administering Oath</p>													

ID picture taken within the last 6 months  
3.5 cm. X 4.5 cm (passport size)  
  
 With full and handwritten name tag and signature over printed name  
  
 Computer generated or photocopied picture is not acceptable

PHOTO

Right Thumbmark