

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	GALVEZ		
FIRST NAME	VINA ROSE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	NARISMA		
3. DATE OF BIRTH (mm/dd/yyyy)	7/10/1992	16. CITIZENSHIP If holder of dual citizenship, please indicate the details.	<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	DAVAO CITY		
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS ZIP CODE	PUROK 9 117 House/Block/Lot No. Street BAGO OSHIRO Subdivision/Village Barangay DAVAO CITY DAVAO DEL SUR City/Municipality Province
7. HEIGHT (m)	1.54		
8. WEIGHT (kg)	60		8000
9. BLOOD TYPE	B+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A	18. PERMANENT ADDRESS ZIP CODE	PUROK 9 117 House/Block/Lot No. Street BAGO OSHIRO Subdivision/Village Barangay DAVAO CITY DAVAO DEL SUR City/Municipality Province
12. PHILHEALTH NO.	12-202034092-2		8000
13. SSS NO.	09-4272428-2		
14. TIN NO.	705-809-898-000	19. TELEPHONE NO.	N/A
15. AGENCY EMPLOYEE NO.	LRMO-27483	20. MOBILE NO.	09928051138
		21. E-MAIL ADDRESS (if any)	vcnarisma@up.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GALVEZ		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LEMUEL	NAME EXTENSION (JR., SR)	BERT ADRIAN NARISMA	11/18/2015
MIDDLE NAME	MONTILDE			
OCCUPATION	JOB ORDER			
EMPLOYER/BUSINESS NAME	BUREAU OF PLANT INDUSTRY			
BUSINESS ADDRESS	PUROK 1, BAGO OSHIRO, DAVAO CITY			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	NARISMA			
FIRST NAME	ALBERTO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	GAWALA			
25. MOTHER'S MAIDEN NAME				
SURNAME	CUTAMORA			
FIRST NAME	DIVINA			
MIDDLE NAME	YANA		(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	SAN ISIDRO ELEMENTARY SCHOOL		1999	2005		2005	WITH HONOR
SECONDARY	UBAY NATIONAL SCIENCE HIGH SCHOOL		2005	2009		2009	
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY		2009	2013		2013	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JUNE 11, 2025
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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)

SIGNATURE		DATE	JUNE 11, 2025
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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 type="checkbox"/> YES<input checked="" type="checkbox"/> NO</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)			
NAME		ADDRESS	
JOEL N. SAGADAL		DAVAO CITY	
CAROL Q. BALGOS		DAVAO CITY	
VIRGILIO L. LOQUIAS		DAVAO CITY	
TEL. NO.			
9285592797			
9063571029			
9177563245			
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>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: PHILHEALTH I.D.</div> <div>ID/License/Passport No.: 12-202034092-2</div> <div>Date/Place of Issuance: DAVAO CITY</div>		<div><div></div><div>Signature (Sign inside the box)</div><div>JUNE 11, 2025</div><div>Date Accomplished</div></div> <div><div></div><div>Right Thumbmark</div></div>	
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.			
<div></div> <div>Person Administering Oath</div>			