CS Form No. 212 Revised 2017 PERSONAL DATA SHEET									
WARNING: Any misrepresentat	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.								
	TO FILLING OUT THE PERSONAL DATA SHE								
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO	() and use separate sheet if necessary. Indicate N	N/A if not applicable. DO NOT AE	BREVIATE.		1. CS ID No.		(Do not fill up. F	For CSC use only)	
2. SURNAME	GALVEZ								
FIRST NAME	VINA ROSE					NAME EXTENSION (JR	, SR)		
MIDDLE NAME	NARISMA								
DATE OF BIRTH (mm/dd/yyyy)	7/10/1992	16. CITIZENSHIP		✓ Filipi	no [Dual Citizenship			
4. PLACE OF BIRTH	DAVAO CITY	If holder of dual citizer			by naturaliza	tion			
5. SEX	☐ Male ☐ Female	please indicate the de				•			
6 CIVIL STATUS	☐ Single ☑ Married	17. RESIDENTIAL ADDRESS					PUROK 9 117		
0 GIVIE GIATOG	☐ Widowed ☐ Separated		Hous	se/Block/Lot N	0.	ı	Street BAGO OSHIRO		
	Other/s:			odivision/Village)	Barangay DAVAO DEL SUR			
7. HEIGHT (m)	1.54			ty/Municipality	cipality		Province		
8. WEIGHT (kg)	60	ZIP CODE				8000	DUDOK 0 147		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	Hous	se/Block/Lot N	D.		PUROK 9 117 Street		
10. GSIS ID NO.	N/A		Sub	odivision/Village	e	E	BAGO OSHIRO Barangay		
11. PAG-IBIG ID NO.	N/A			DAVAO CITY City/Municipality			DAVAO DEL SUR Province		
12. PHILHEALTH NO.	12-202034092-2	ZIP CODE		8000					
13. SSS NO.	09-4272428-2	19. TELEPHONE NO.				N/A			
14. TIN NO.	705-809-898-000	20. MOBILE NO.		09928051138					
15. AGENCY EMPLOYEE NO.	LRMO-27483	21. E-MAIL ADDRESS (if any)			vcnaris	ma@up.edu.j	<u>oh</u>		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	GALVEZ	NAME EXTENSION (JR., SR)		23. NAME of CHILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	LEMUEL	(. , , ,	BERT ADRIAN NARISMA			11/18/2015			
MIDDLE NAME	MONTILDE JOB ORDER								
OCCUPATION 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 BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	SAN ISIDRO ELEMENTARY SCHOOL			1999	2005		2005	WITH HONOR	
SECONDARY	UBAY NATIONAL SCIENCE HIGH SCHOOL			2005	2009		2009	nonon	

| LEVEL | NAME OF SCHOOL (Write in full) | BASIC EDUCATION/DEGREE/COURSE (Write in full) | PERIOD OF ATTENDANCE | UNIT'S EARNED (I'm ot graduated) | PERIOD OF ATTENDANCE | PERIOD OF A

IV. CIVIL SERVICE ELIGIBILITY									
		RATING	DATE OF EXAMINATION /	DI ACE OF EVAMINA	PLACE OF EXAMINATION / CONFERMENT			oplicable)	
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable)			(If Applicable)	CONFERMENT PLACE OF EXAMINA		ATION / CONFERMENT		NUMBER	Date of Validity
Career Service Professional Examination 80.32			80.32	August 20, 2023	gust 20, 2023 Davao City			R11-20201206- 030	
V. WORK E	XPERIENCE	_	(Col	ntinue on separate sheet	if necessary)				
		nt. Start from your recen	t work) Descriptio	n of duties should b	e indicated in the attach	ed Work Exp		et.	
	JSIVE DATES m/dd/yyyy)	POSITION T		DEPARTMENT / AGENCY / OFFICE / COMPANY MONTHLY			SALARY/ JOB/ PAY GRADE (if	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbreviate)	(Write in full	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)	
1/2/2014	06/30/2015	JOB ORD	ER	OFFICE OF PROVI	OFFICE OF PROVINCIAL AGRICULTURIST			JOB ORDER	N
3/7/2017	10/13/2017	JOB ORD		UP MINDANAO/ CC		8,000.00		CONTRACT	N
							OF SERVICE CONTRACT		
10/18/2017	12/27/2019	RESEARCH AS		BUREAU OF PLAN		25,000.00		OF SERVICE CONTRACT	N
6/1/2020	03/31/2020	ADMIN ASSIS	STANT	UP MINDANAO/ AC	10,000.00		OF SERVICE	N	
1/4/2020	PRESENT	JUNIOR UTILITY WO	ORKER (CRA)	UP MINDANAO/ LR	17,923.90		CONTRACT OF SERVICE	N	
	1		(Coi	ntinue on separate sheet	if necessary)				

SIGNATURE

JUNE 11, 2025

DATE

VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT			MOANIZATIC	/N/3	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIV (mm/do		NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A	N/A	N/A	N/A		N/A	
VIII LEADUING AND STATE OF THE	tinue on separate s					
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)						
		INCLUSIVE	DATES OF		Type of LD	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		ATTEN	DANCE d/yyyy)	NUMBER OF HOURS	(Managorial/	CONDUCTED/ SPONSORED BY (Write in full)
RESERVE OFFICERS TRAINING CORPS (ROTC)	From	То			VISAYAS STATE UNIVERSITY ARESCOM	
FACILITATORS TRAINING - WORKSHOP		3/6/2012	3/6/2012			OFFICE OF STUDENT AFFAIRS
PRE-EMPLOYMENT SEMINAR AND LABOR EDUCATION	ON .	2/4/2013	2/4/2013			DOLE-WLFO
	,					
SCHOOL ON AIR (SOA) ON ORGANIC AGRICULTURE		3/4/2017	2/5/2017			AGRICULTURAL TRAINING (ATI-7)
TRAINING - WORKSHOP ON EXPERIMENTAL RESEAF		03/27/2019	03/30/2019			ASSOCIATION OF SCHOLARLY EDITORS
OFFICE COMMUNICATION PROTOCOLS FOR UP MINI		11/12/2020	12/17/2020			UP MIN HRDO
SAVES LIVES & STRENGTHEN RESILIENCY: BASIC D EARTHQUAKE DRILL		03/31/2021	03/31/2021			UP MIN
2-DAY TRAINING ON WORKSHOP ON HARMONIZED G GUIDELINES TOOLS	SENDER AND DEVELOPMENT	03/25/2021	03/26/2021			UP MIN GAD
CUSTOMER SERVICE SEMINAR/TRAINING		10/28/2022	10/28/2022			UP MIN HRDO
EFFECTIVE COMMUNICATION WEBINAR: COMMUNIC	ATION AND PUBLIC SPEAKING	02/21/2023	02/21/2023			UP MIN ILC-LRC
EFFECTIVE COMMUNICATION WEBINAR: EFFECTIVE	BUSINESS WRITING	02/22/2023	02/22/2023			UP MIN ILC-LRC
UIS PROJECT PROCUREMENT MANAGEMENT PLAN	(ppmp) PROCESS	06/15/2023	06/15/2023			UP System OVPD ITDC
DC-UP SPORTS COMPLEX RESPONDER'S TRAINING		08/24/2023	08/25/2023			UP MIN DHK
EARTHQUAKE AND FIRE RESILIENCE TRAINING, COI	NDUCTED UNDER THE DISASTER	2/10/2023	2/10/2023			UP MIN OVCAD
RISK REDUCTION AND MANAGEMENT PROGRAM						
DATA PRIVACY AND CYBER SECURITY SEMINAR		11/29/2023	11/29/2023			UP MIN HRDO
SENSORY EVALUATION TRAINING FOR DRIED COCO	A BEANS AND TABLEA	Sept. 2022	July 2023			UP MIN DFSC
UP MINDANAO NON-TEACHING PERSONNEL CONFEI	RENCE 2024	01/18/2024	01/18/2024			UP MIN HRDO
TANAW KAKAW: MULA SA TANIM HANGGANG SA TA	SA	4/10/2025	4/11/2025			BUREAU OF AGRICULTURE AND FISHERIES STANDARDS (BAFS)
CAPTURING EXTENSION AND PUBLIC SERVICE ENGA DECISION MAKING	AGEMENTFOR INFORMED	04/29/2024	6/5/2024			UP MIN OECS & DIWA
UP MINDANAO NON-TEACHING PERSONNEL CONFEI	RENCE 2025	5/15/2025	5/15/2025			UP MIN OVCAD
GOOD AGRICULTURAL PRACTICES (GAP) IN CACAO	PRODUCTION	6/4/2025	6/4/2024			PHIL. CACAO INDUSTRY COUNCIL (PCIC)
ORIENTATION AND ONBOARDING SESSION ON THE	QUALITY MANAGEMENT SYSTEM	5/16/2025	5/16/2025			UP MIN
(QMS)						
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGN (Write in full) OVCA-DHK TABLE TENNIS TOURNAMENT, SPORTS, HEAL					NEOC 5	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
PINGPONG	URNAMENT, S Placer (B		. IH AND WELL	NESS - 3RD		
PLAYING GUITAR						
BADMINTON						
	(Cont	tinue on separate s	heet if necessary)			
SIGNATURE JUNE 11, 2025					JUNE 11, 2025	
	CS FORM 212 (Revised 2017), Pa					

34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate a Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:						
35.	a. Have you ever been found guilty of any administrative offer	☐ 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 any any court or tribunal?	☐ YES ☑ NO If YES, give details:						
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fir in the public or private sector?	-	☐ YES ☑ NO If YES, give details:					
38.	a. Have you ever been a candidate in a national or local elect Barangay election)?	YES If YES, give detail						
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of		☐ YES If YES, give detail	NO NO				
39.	Have you acquired the status of an immigrant or permanent re	☐ YES ☑ NO If YES, give details (country):						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr and (c) Solo Parents Welfare Act of 2000 (RA 8972), please a	· · ·						
a.	Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:						
b.	Are you a person with disability?	YES V NO						
C.	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:						
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)						
	NAME	ADDRESS	TEL. NO.					
	JOEL N. SAGADAL	DAVAO CITY	9285592797					
	CAROL Q. BALGOS	DAVAO CITY	9063571029					
40	VIRGILIO L. LOQUIAS	DAVAO CITY	9177563245					
42.	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. agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.							
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance							
	overnment Issued ID: PHILHEALTH I.D.							
ID	/License/Passport No.: 12-202034092-2	box)						
Da	ate/Place of Issuance: DAVAO CITY		Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued	government ID as indicated above.				
		า						