CS Form No. 212 Revised 2017									
Revisea 2017	PERSO	NAL DAT	A SH	<b>IEE</b> 7	Γ				
MADNING: Amy migronycognical	ion made in the Devenuel Date Sheet and the	Work Evnerience Sheet che	all aguag tha fi	line of odes	la la tra th ra /a	riminal assa/s sa	raimat tha mar		
concerned.	ion made in the Personal Data Sheet and the	·		_		riininai case/s ay	amst me per	SOII	
	TO FILLING OUT THE PERSONAL DATA SHE  ) and use separate sheet if necessary. Indicate			PDS FORM	1. CS ID No.	1	(Do not fill up.	For CSC use only)	
I. PERSONAL INFORMATION	V								
2. SURNAME	GASES								
FIRST NAME	CHRISTINE	NAME EXTENSION (JR., SR)							
MIDDLE NAME	REGIS								
3. DATE OF BIRTH	12/15/1988	16. CITIZENSHIP				<b>d</b> 1000 10			
(mm/dd/yyyy)	12/10/1000			✓ Filipino Úval Citizenship  ✓ birth			by naturalization		
4. PLACE OF BIRTH	SOGOD SOUTHERN LEYTE	SOGOD SOUTHERN LEYTE If holder of dual citizer		nship,			Pls. indicate country:		
5. SEX	Male JFemale	please indicate the details.		Peru					
	✓Single Married	17. RESIDENTIAL ADDRESS	l	Peru					
6 CIVIL STATUS	Widowed Separated	17. NEGIDENTIAE ADDINESS	House/Block/Lot No.			Street			
	other/s:		Subdivision/Village			GUADALUPE Barangay			
7. HEIGHT (m)	1.6			AYBAY CITY ity/Municipality			LEYTE Province		
8. WEIGHT (kg)	61	ZIP CODE	Скулиалораку			6521-A			
9. BLOOD TYPE	A+ 18. PERMANENT ADDRESS								
			Hou	ise/Block/Lot No.		Street BOGASONG			
10. GSIS ID NO.	NA		Subdivision/Village			Barangay			
11. PAG-IBIG ID NO.	1211-2279-0539		LIBAGON City/Municipality			SOUTHERN LEYTE  Province			
12. PHILHEALTH NO.	13-050161618-5	ZIP CODE	6615						
13. SSS NO.	06-3561587-3	19. TELEPHONE NO.			NA				
14. TIN NO.	468-715-883	20. MOBILE NO.	09			0125612669			
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)		<u>ch</u>	ristdiscip	le12@gmail.	<u>com</u>		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)				DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	NA NAME EXTENSION (JR., SR)		NA				NA		
MIDDLE NAME	NA								
OCCUPATION	NA								
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY								
BUSINESS ADDRESS	BAYBAY CITY, LEYTE								
TELEPHONE NO.	(053) 563-0600								
24. FATHER'S SURNAME	GASES								
FIRST NAME	EDGARDO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	SALADA								
25. MOTHER'S MAIDEN NAME									
SURNAME	REGIS								
FIRST NAME	EDITHA								
MIDDLE NAME	MANGYAO		(Continue on separate sheet if necessary)						
III. EDUCATIONAL BACKGR							-		
26.				DEDIOD OF A	ATTENDANCE HIGHEST LEVEL/			SCHOLARSHIP/	
LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	:E/COURSE	From	To	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	LIBAGON CENTRAL ELEMENTARY SCHOOL			1995	2001		2001	NA	
SECONDARY	LIBAGON ACADEMY			2001	2005		2005	NA	
VOCATIONAL / TRADE COURSE	EASTERN VISAYAS STATE UNIVERSITY - ORMOC CAMPUS	DIPLOMA IN TEACHING SECONDARY		2018	2020	33 Units		NA	
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN HOTEL, RESTAURANT AND TOURISM MGT.		2005	2010		2010	NA	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER IN MANAGEMENT BUSINESS MANAGE		2010	2012	30 Units		NA	
	EASTERN VISAYAS STATE UNIVERSITY - MAIN CAMPUS	MASTER IN EDUCATION MAJOR IN HOME Economics		2021	2021	18 Units	On-going	NA	

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SIGNATURE

September 8, 2022

DATE