

## 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 ( ☐ Ind 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	MAGUATE		
FIRST NAME	NOEL JOHN IAN FEBEN		NAME EXTENSION (JR., SR) N/A
MIDDLE NAME	SAUSAL		
3. DATE OF BIRTH (mm/dd/yyyy)	1/20/97	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	COTABATO CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Philippines	
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	PUROK MALIPAYON House/Block/Lot No. Street Subdivision/Village MAKING PARANG Barangay City/Municipality MAGUINDANAO DEL NORTE Province ZIP CODE 9604
7. HEIGHT (m)	1.7526	18. PERMANENT ADDRESS	PUROK MALIPAYON House/Block/Lot No. Street Subdivision/Village MAKING PARANG Barangay City/Municipality MAGUINDANAO DEL NORTE Province ZIP CODE 9604
8. WEIGHT (kg)	77	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	A	20. MOBILE NO.	09534183176
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	noeljohnianfebenmaguate@gmail.com
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A		
14. TIN NO.	N/A		
15. AGENCY EMPLOYEE NO.	N/A		

## II. FAMILY BACKGROUND

22. SPOUSES SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME			N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	MAGUATE			
FIRST NAME	NOEL	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	MAYOLA			
25. MOTHER'S MAIDEN NAME				
SURNAME	SAUSAL			
FIRST NAME	LENIE			
MIDDLE NAME	TALIÑO			

(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	MAKING ELEMENTARY SCHOOL	ELEMENTARY	2004	2010	N/A	2010	VALEDICTOR IAN
SECONDARY	NOTRE DAME OF PARANG INC.	HIGH SCHOOL	2010	2014	N/A	2014	VALEDICTOR IAN
VOCATIONAL / TRADE COURSE		N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	MINDANAO STATE UNIVERSITY-ILIGAN INSTITUTE OF TECHNOLOGY	BACHELOR OF SCIENCE IN BIOLOGY MAJOR IN GENERAL BIOLOGY	2014	2018	N/A	2018	DOST & CUM LAUDE
GRADUATE STUDIES	MINDANAO STATE UNIVERSITY-ILIGAN INSTITUTE OF TECHNOLOGY	MASTER OF SCIENCE IN BIOLOGY	2018	2020	N/A	2020	DOST Scholar
	MINDANAO STATE UNIVERSITY-ILIGAN INSTITUTE OF TECHNOLOGY	DOCTOR OF PHILOSOPHY IN BIOLOGY	2020	2024	N/A	2024	DOST/ BEST DISSERTATION

(Continue on separate sheet if necessary)

SIGNATURE	DATE
	June 25, 2024



[illegible]

## V. WORK EXPERIENCE

[illegible]

**SIGNATURE**

DATE \_\_\_\_\_

June 25, 2024




[illegible]

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

[illegible]

### VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
HOSTING	N/A	Lifetime Member of Philippine Society of Microbiology
SINGING		
MUSICIAN		
FIRST AIDER		
SPORTS		

SIGNATURE		DATE	June 25, 2024
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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)?

☐ YES ☒ NO  
☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

35. a. Have you ever been found guilty of any administrative offense?  
b. Have you been criminally charged before any court?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_  
☐ 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 law, decree, ordinance or regulation by any court or tribunal?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

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?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

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?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ NO  
If YES, give details (country): \_\_\_\_\_

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?

☐ YES ☒ NO  
If YES, please specify: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, please specify ID No: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, please specify ID No: \_\_\_\_\_

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
Sharon Rose M. Tabugo, PhD., LPT	Iligan City	09171100599
Olive A. Amparado, PhD.	Iligan City	09177213694
Joey Genevieve T. Martinez, DSc.	Iligan City	09177014920



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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: National ID  
ID/License/Passport No.: 6129-4216-3769-1739  
Date/Place of Issuance: November 19, 2021

Signature (Sign inside the box)  
June 25, 2024  
Date Accomplished



SUBSCRIBED AND SWORN to before me this \_\_\_\_\_, affiant exhibiting his/her validly issued government ID as indicated above.

JOC NO. 24  
PAGE NO. 05  
BOOK NO. 11  
SERIES OF 2124

UNIL DECEMBER 31, 2025  
SERIAL NO. 1448 / ROLL No. 70914  
BP No. 371796  
PRC No. 1276411  
CIE Compliance No. VII-0005747  
Person Administering Oath