

## 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	GARCIA		
FIRST NAME	IAN	NAME EXTENSION (JR., SR)	
MIDDLE NAME	MEDICO		
3. DATE OF BIRTH (mm/dd/yyyy)	11/9/1999	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	MATUGUINAO, SAMAR	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	N/A    N/A House/Block/Lot No.    Street N/A    MADURITO Subdivision/Village    Barangay MATUGUINAO    SAMAR City/Municipality    Province ZIP CODE    6780
7. HEIGHT (m)	157	18. PERMANENT ADDRESS	N/A    N/A House/Block/Lot No.    Street N/A    MADURITO Subdivision/Village    Barangay MATUGUINAO    SAMAR City/Municipality    Province ZIP CODE    6780
8. WEIGHT (kg)	58	19. TELEPHONE NO.	N/A
9. BLOOD TYPE	O+	20. MOBILE NO.	0951-611-0811
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	ianmedicog@gmail.com
11. PAG-IBIG ID NO.	121282879478		
12. PHILHEALTH NO.	03026868772509		
13. SSS NO.	3502583860		
14. TIN NO.	369142451		
15. AGENCY EMPLOYEE NO.	001983816		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR)		N/A	N/A
MIDDLE NAME				
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GARCIA			
FIRST NAME	ALLI	NAME EXTENSION (JR., SR)		
MIDDLE NAME	VELARDE			
25. MOTHER'S MAIDEN NAME				
SURNAME	MEDICO			
FIRST NAME	SYLVIA			
MIDDLE NAME	DIAZ			

## 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	MATUGUINAO CENTRAL ELEMENTARY SCHOOL	ELEMENTARY	2006	2012		2012	1ST HONORABLE MENTION
SECONDARY (JHS)	MATUGUINAO NATIONAL HIGH SCHOOL	SECONDARY	2012	2016		2016	VALEDICTORIAN
SECONDARY (SHS)	QUEZON CITY POLYTECHNIC UNIVERSITY	STEM (Science, Technology, Engineering and Mathematics)	2016	2018		2018	WITH HONOR
COLLEGE	TECHNOLOGICAL INSTITUTE OF THE PHILIPPINES - QUEZON CITY	BS CIVIL ENGINEERING	2018	2022		2022	WITH ACADEMIC DISTINCTION
GRADUATE STUDIES	N/A	N/A					

(Continue on separate sheet if necessary)

SIGNATURE	<i>ianmedicog</i>	DATE	MAY 10, 2025
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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CIVIL SERVICE PROFESSIONAL	84.0	3-Mar-24	P. BERNARDINO HS, CUBAO QUEZON CITY		
	SAFETY OFFICER 2	N/A	MAY 16-20, 2022	CUBAO, QUEZON CITY	HSS-COSH077-066	

**V. WORK EXPERIENCE**  
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

(Continue on separate sheet if necessary)			
SIGNATURE	Franky W.	DATE	MAY 10, 2025



## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(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)
PROFICIENT IN MICROSFT OFFICE	N/A	N/A
KNOWLEDGE IN COST ESTIMATE		
KNOWLEDGE IN AUTOCAD		

(Continue on separate sheet if necessary)

(only use on separate sheet if necessary)			
SIGNATURE	Gianfranco M.	DATE	MAY 10, 2025



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)?

35. a. Have you ever been found guilty of any administrative offense?

b. Have you been criminally charged before any court?

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

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?

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?

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

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

NAME	ADDRESS	TEL. NO.
ALYSA MAE ANDRADA	BACOR, CAVITE	0909-084-7004
KIMBERLY MIKEE ABELLA	PINAGSAMA, TAGUIG CITY	0946-307-2551
MONA RIZZA ROMUALDEZ	PARANAQUE CITY	0977-481-1802

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: **PASSPORT**

ID/License/Passport No.: **P5183156C**

Date/Place of Issuance: **09/06/2023 DFA NCR CENTRAL**

Signature (Sign inside the box)

Date Accomplished: **MAY 10, 2025**

PHOTO

**GARCIA, IAN M.**

Right Thumbmark

SUBSCRIBED AND SWORN to before me this **10 MAY 2025**, affiant exhibiting his/her validly issued government ID as indicated above.

DOC NO. **281**

CE NO. **58**

ON NO. **57**

SERIES OF **2025**

Person Administering Oath

NOTARY PUBLIC

ANTIPOLLO, CALABARZON

UNTIL DEC. 31, 2026, ATTY'S ROLL NO. 34595

PTR NO. 9596809/1-2-2025

APPOINTMENT NO. 25-18/RTC OF ANTIPOLLO CITY

IBP NO. 00828 (LIFETIME)-RIZAL/ISSUED ON 7-5-1996

COMPLIANCE NO. 11-0008482/REISSUED ON 10-12-2022

UNIT 1 2ND FLOOR STA. RITA BLDG. MEDLINE NO. 3-B BURGOS ST.

BRGY. SAN JOSE, ANTIPOLLO CITY. TEL. NO. 02-8630-3969