

# 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	IBAY		
FIRST NAME	MA. CHRISTINE		NAME EXTENSION (JR., SR)
MIDDLE NAME	ENCIENZO		
3. DATE OF BIRTH (mm/dd/yyyy)	12/03/1999	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	PARANAQUE CITY, MANILA	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	House/Block/Lot No. Street KAMUNGAY Subdivision/Village Barangay MANSALIP City/Municipality Province MATAG-OB LEYTE
7. HEIGHT (m)	1.55	ZIP CODE	
8. WEIGHT (kg)	56	18. PERMANENT ADDRESS	House/Block/Lot No. Street KAMUNGAY Subdivision/Village Barangay MANSALIP City/Municipality Province MATAG-OB LEYTE LEYTE
9. BLOOD TYPE	N/A	ZIP CODE	
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	N/A	20. MOBILE NO.	+63 916 648 5166
12. PHILHEALTH NO.	12-051621338-3	21. E-MAIL ADDRESS (if any)	ibaymachristine@gmail.com
13. SSS NO.	N/A		
14. TIN NO.	N/A		
15. AGENCY EMPLOYEE NO.	N/A		

## 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	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	IBAY			
FIRST NAME	JERRY	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MARRACIGAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	ENCIENZO			
FIRST NAME	JENNIFER			
MIDDLE NAME	LIMPANGOG			

(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	MATAG-OB CENTRAL SCHOOL	ELEMENTARY LEVEL	00/00/2005	00/00/2011	ELEMENTARY GRADUATE	2011	N/A
SECONDARY	MATAG-OB NATIONAL HIGH SCHOOL	HIGH SCHOOL LEVEL	00/00/2011	03/26/2015	HIGH SCHOOL GRADUATE	2015	SPECIAL SCIENCE CLASS
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	LEYTE NORMAL UNIVERSITY	BACHELOR OF SECONDARY EDUCATION	00/00/2015	05/23/2019	192 UNITS	2019	COMPETENCY PRACTICUM
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE	3/31/21
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