

# 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	TIMOSA		
FIRST NAME	MIRA LUNA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	TORRES		
3. DATE OF BIRTH (mm/dd/yyyy)	03/09/1994	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	DONA TELESFORA, TUBAY, AGUSAN DEL NORTE	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:		
7. HEIGHT (m)	1.51 m	17. RESIDENTIAL ADDRESS	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ Barangay _____ <b>BAYBAY CITY</b> <b>LEYTE</b> City/Municipality _____ Province _____
8. WEIGHT (kg)	52 kg	ZIP CODE	6525
9. BLOOD TYPE		18. PERMANENT ADDRESS	P2 House/Block/Lot No. _____ Street _____ <b>DONA TELESFORA</b> Subdivision/Village _____ Barangay _____ <b>TUBAY</b> <b>AGUSAN DEL NORTE</b> City/Municipality _____ Province _____
10. GSIS ID NO.		ZIP CODE	8606
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	18-250336069-2		
13. SSS NO.	06-4223931-0	19. TELEPHONE NO.	
14. TIN NO.	353 302 318 000	20. MOBILE NO.	09508230823
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	<a href="mailto:timosamiraluna@gmail.com">timosamiraluna@gmail.com</a>

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	TIMOSA		
FIRST NAME	ENRIQUE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	NARRA		
25. MOTHER'S MAIDEN NAME	TORRES		
SURNAME	TIMOSA		
FIRST NAME	LYDIA		
MIDDLE NAME	RECEDILLA	(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	DONA TELESFORA ELEMENTARY SCHOOL		01/06/2001	01/04/2007	GRADUATED		SALUTATORIAN
SECONDARY	CABADBARAN CITY NATIONAL HIGH SCHOOL		01/06/2007	01/04/2011	GRADUATED		3RD HON MENTION

VOCATIONAL / TRADE COURSE							
COLLEGE	MINDANAO STATE UNIVERSITY- MAIN CAMPUS	BACHELOR OF SCIENCE IN PHYSICS	01/10/2012	01/07/2017	GRADUATED		
GRADUATE STUDIES	MINDANAO STATE UNIVERSITY- MAIN CAMPUS	MASTER OF SCIENCE IN PHYSICS	01/08/2021	PRESENT	31 UNITS		
<i>(Continue on separate sheet if necessary)</i>							
<b>SIGNATURE</b>			<b>DATE</b>		February 14, 2023		

#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

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

[illegible]

<i>(Continue on separate sheet if necessary)</i>							
<b>SIGNATURE</b>			<b>DATE</b>		FEB. 14, 2023		

[illegible]


<b>VII. LEARNING AND DEVELOPMENT (L&amp;D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED</b> <i>(Start from the most recent L&amp;D/training program and include only the relevant L&amp;D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)</i>	
1.	
2.	
3.	
4.	
5.	

[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)
Knowledge about MATLAB, SCILAB, CODEBLOCKS AND LAMMPS		A member of Samahan ng Pisika ng Visayas at <b>Mindanao</b>
Expert in using FreeCAD and ParaView Softwares		
Expert in Microsoft Word, Excel and Powerpoint		

Adaptive, Flexible and People/Work Oriented Personality		
Ability to work under pressure		
Strong self-management and time management abilities		
Art Enthusiast		
(Continue on separate sheet if necessary)		
SIGNATURE		DATE
		February 14, 2023

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input type="checkbox"/> NO         </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details:</p> <hr/>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p>  <p>b. Have you been criminally charged before any court?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details:</p> <hr/>												
	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details:</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details:</p> <hr/>												
<p>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?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details:</p> <hr/>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details: _____</p>												
	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, please specify: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, please specify ID No: _____</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> YES           <input checked="" type="checkbox"/> NO         </div> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES <span style="color: red;">(Person not related by consanguinity or affinity to applicant / appointee)</span></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><b>Grema Fe I. Peñonal</b></td> <td style="text-align: center;"><b>MSU- Main Campus, Marawi City</b></td> <td style="text-align: center;"><b>09518848165</b></td> </tr> <tr> <td style="text-align: center;"><b>Clyde Gibb Dalumpines</b></td> <td style="text-align: center;"><b>MSU- Main Campus, Marawi City</b></td> <td style="text-align: center;"><b>09480372298</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	<b>Grema Fe I. Peñonal</b>	<b>MSU- Main Campus, Marawi City</b>	<b>09518848165</b>	<b>Clyde Gibb Dalumpines</b>	<b>MSU- Main Campus, Marawi City</b>	<b>09480372298</b>			
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<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td style="padding: 2px;">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td style="padding: 2px;">Government Issued ID: <b>passport</b></td> </tr> <tr> <td style="padding: 2px;">ID/License/Passport No.: <b>P8513230A</b></td> </tr> <tr> <td style="padding: 2px;">Date/Place of Issuance: <b>2018 - DFA BUTUAN</b></td> </tr> </table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)	PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: <b>passport</b>	ID/License/Passport No.: <b>P8513230A</b>	Date/Place of Issuance: <b>2018 - DFA BUTUAN</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="height: 60px; vertical-align: bottom; padding: 2px;">Signature (Sign inside the box)</td> </tr> <tr> <td style="height: 30px; vertical-align: bottom; padding: 2px;">Date Accomplished</td> </tr> </table>	Signature (Sign inside the box)	Date Accomplished					
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<div style="display: flex; align-items: center; justify-content: center;">  <div style="margin-left: 10px;">PHOTO</div> </div> <div style="border: 1px solid black; width: 200px; height: 100px; margin-top: 10px; position: relative;"> <div style="position: absolute; bottom: 5px; right: 5px; font-size: 8px;">Right Thumbmark</div> </div>													

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

Person Administering Oath