CS FORM 212 (Revised 2005)

PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes ☐ with "✓" and use separate sheet if necessary. | 1. CS ID No. | (to be filled up by CSC)

I. PERSONAL INFORMATION

2. SURNAME	SANICO		
FIRST NAME	JUDITH		
MIDDLE NAME	PONDUYO	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	05 / 15 / 1973	16. RESIDENTIAL ADDRESS	BLOCK 4 LOT 13 VILLA THERESA HEIGHTS SUBDIVISION, BRGY SAN ISIDRO ORANIC CLM, LEYTE
5. PLACE OF BIRTH	MAHAPLAG, LEYTE	ZIP CODE	6541
6. SEX	☐ Male ☑ Female	17. TELEPHONE NO.	N/A
7. CIVIL STATUS	☐ Single ☐ Widowed ☐ Married ☐ Separated ☑ Annulled ☐ Others, specify	18. PERMANENT ADDRESS	-SAME-
8. CITIZENSHIP	FILIPINO	ZIP CODE	
9. HEIGHT (m)	1.6	19. TELEPHONE NO.	N/A
10. WEIGHT (kg)	54	20. E-MAIL ADDRESS (if any)	judithpsanico@gmail.com
11. BLOOD TYPE	O+	21. CELLPHONE NO. (if any)	09615604715
12. GSIS ID NO.	N/A	22. AGENCY EMPLOYEE NO.	NA
13. PAG-IBIG ID NO.	121021217292	23. TIN	918-208-307
14. PHILHEALTH NO.	120503957251		
15. SSS NO.	08-1261648-8		

II. FAMILY BACKGROUND

		25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
24. SPOUSE'S SURNAME	N/A	JOSHUA ANDERSON SOLIANO	07 / 11 / 2000
FIRST NAME			/ /
MIDDLE NAME			/ /
OCCUPATION			/ /
EMPLOYER/BUS. NAME			/ /
BUSINESS ADDRESS			/ /
TELEPHONE NO.			/ /
(Continue on separate sheet if necessary)			/ /
26. FATHER'S SURNAME	SANICO		/ /
FIRST NAME	CONCORDIO		/ /
MIDDLE NAME	ORMOPIA		/ /
27. MOTHER'S MAIDEN NAME			/ /
SURNAME	PONDUYO		/ /
FIRST NAME	JESUSA		/ /
MIDDLE NAME	TORRES	(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE From	To	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	BABAG ELEMENTARY SCHOOL	ELEMENTARY	1986		1980	1986	VALEDICTORIAN
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY	1990		1986	1990	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	NA						EXCELLENCE IN SCIENCE
COLLEGE	UNIVERSITY OF THE PHILIPPINES - CEBU	BS BIOLOGY	1994		1990	1994	ISKOLAR NG BAYAN
	SAN LORENZO RUIZ COLLEGE OF ORMOC	BS in PHARMACY	2024		2020	2024	ACADEMIC ACHIEVEMENT AWARD
GRADUATE STUDIES	XAVIER UNIVERSITY - ATENEO DE CAGAYAN	DOCTOR OF MEDICINE	1998		1994	1998	FULL SCHOLAR

(Continue on separate sheet if necessary)

IV. CIVIL SERVICE ELIGIBILITY

29. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable) NUMBER	LICENSE (if applicable) DATE OF RELEASE
PHYSICIAN LICENSURE EXAMINATION	83.25%	AUGUST 1999	MANILA, PHILIPPINES	0009785	09/29/1999
PHILIPPINE SPECIALTY BOARD IN INTERNAL MEDICINE	PASSED	2005	MANILA, PHILIPPINES	NA	
PHILIPPINE SPECIALTY BOARD IN PULMONARY MEDICINE	PASSED	2009	MANILA, PHILIPPINES	NA	
BOARD EXAMINATION FOR PHARMACISTS	89.27%	NOVEMBER 4,5, 2014	CEBU, PHILIPPINES	0100897	12/24/2014

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE (Include private employment. Start from your current work)

30. INCLUSIVE DATES (mm/dd/yyyy) From	To	POSITION TITLE (Write in full)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full)	MONTHLY SALARY	SALARY GRADE & STEP INCREMENT (Format "00-0")	STATUS OF APPOINTMENT	GOVT SERVICE (Yes / No)
07/01/2009	PRESENT	HEAD, PULMONARY	SECTION, INTERNAL MEDICINE	NA	NA	ACTIVE	NO
/ /	/ /		DEPARTMENT, OSPA -				
/ /	/ /		PAMPANGA MEDICAL CENTER				
01/01/2013	PRESENT	CHAIRMAN, RESEARCH COMMITTEE	INTERNAL MEDICINE	P41,553.57		ACTIVE	NO
/ /	/ /		DEPARTMENT, OSPA -				
/ /	/ /		PAMPANGA MEDICAL CENTER				
03/01/2009	PRESENT	ACTIVE CONSULTANT	CATHOLICAN MEDICAL CENTER	NA	NA	NA	NO
01/01/2015	PRESENT	ACTIVE CONSULTANT	CLINIC DOCTORS' HOSPITAL	NA	NA	NA	NO
01/01/2015	12/31/2018 PRESENT	CONSULTANT	INFECTION CONTROL	NA	NA	NA	NO
/ /	/ /		COMMITTEE - CLINIC				
/ /	/ /		DOCTORS' HOSPITAL				
NOV 13/1994	12/31/2001	TB COORDINATOR	COMMITTEE OF GOBERNAN	P5,000.00	NA	NA	NO
/ /	/ /		DOCTORS, CABANATUAN				
/ /	/ /		CITY OF NUEVA ECIJA				
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						
/ /	/ /						

(Continue on separate sheet if necessary)

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

31. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy) From	To	NUMBER OF HOURS	POSITION / NATURE OF WORK
BAMBAN ASSEMBLY OF GOD MEDICAL MISSION, SAN JUAN, BATAAN	04/19/25	04/19/25	4	PHYSICIAN, MEDICAL MISSION
OSPA - FARMERS MEDICAL CENTER CAMOC CITY	03/24/25	03/24/25	2	SPEAKER / LAY FORUM
	/ /	/ /		
SAN LORENZO RUIZ COLLEGE OF CAMOC	02/07/25	02/07/25	2	PHYSICIAN / MEDICAL MISSION
INSPIRE (PHARMACOLOGISTS, DOCTORS)	12/ /24	12/ /24	4	ADVISOR WORKSHOP / LECTURER

(Continue on separate sheet if necessary)

VII. TRAINING PROGRAMS (Start from the most recent training)

32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) From	To	NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
LUNG SUMMIT	06/05/25	06/07/25	20	AMERICAN COLLEGE
	/ /	/ /		OF CHEST PHYSICIANS - PHILIPPINE ACCREDITATION
EASE DIABETES	05/17/25	05/18/25	8	NOVO NORDISK PHARMACEUTICALS
SPECIALIST IN SYNC FOR PCP	/ /	/ /		AND PHILIPPINE COLLEGE OF
	/ /	/ /		ENDOCRINOLOGY, DIABETES AND METABOLISM
SPECIALIST IN SYNC FOR PCP	05/05/25	05/07/25	24	PHILIPPINE COLLEGE OF
	/ /	/ /		PHYSICIANS
EXPECTATIONS VS REALITIES	03/04/25	03/07/25	30	PHILIPPINE COLLEGE
BRIDGING THE GAPS IN ~~ALLERGY MEDICINE~~	/ /	/ /		OF CHEST PHYSICIANS
BASIC LIFE SUPPORT AND	04/06/24	04/07/24	12	PHILIPPINE HEART
ADVANCED CARDIAC LIFE	001 /	/ /		ASSOCIATION - EASTERN
SUPPORT	/ /	/ /		VISAYAS CHAPTER
RESEARCH CARAVAN	04/19/24	04/20/24	15	OSPA - FARMERS
	/ /	/ /		MEDICAL CENTER
	/ /	/ /		INTERNAL MEDICINE DEPARTMENT

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

33. SPECIAL SKILLS / HOBBIES:	34. NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)	35. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
GARDENING	ADVISOR - CAMOC BETHEL	CAMOC MEDICAL SOCIETY
DANCING	TEMPLE TABERNACLE MINISTRY	PHILIPPINE PHARMACIST ASSOCIATION
BIRD WATCHING	LEADER / FOUNDER	PHILIPPINE COLLEGE OF PHYSICIANS
DIGITAL CONTENT CREATION - WOMEN VIRTUAL PRAYER		PHILIPPINE COLLEGE
TREKKING	MEETING	OF CHEST PHYSICIANS

(Continue on separate sheet if necessary)

36. Are you related by consanguinity or affinity to any of the following : a. Within the third degree (for National Government Employees): appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed? b. Within the fourth degree (for Local Government Employees): appointing authority or recommending authority where you will be appointed?	☐YES ☑NO If YES, give details: ☐YES ☑NO If YES, give details:
37 a. Have you ever been formally charged? b. Have you ever been guilty of any administrative offense?	☐YES ☑NO If YES, give details: ☐YES ☑NO If YES, give details:
38. 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:
39. 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, AWOL or phased out, in the public or private sector?	☐YES ☑NO If YES, give details:
40. Have you ever been a candidate in a national or local election (except Barangay election)?	☐YES ☑NO If YES, give details:
41. 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 differently abled? c. Are you a solo parent?	☐YES ☑NO If YES, please specify: _____ ☐YES ☑NO If YES, please specify: _____ ☑YES ☐NO If YES, please specify: ANNULLED

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

NAME	ADDRESS	TEL. NO.
DR SANDRA PIOV CHING	OSPA-FARMERS MEDICAL CENTER	0917308 2974
DR JIMENET GATCHALIAN	GATCHALIAN MEDICAL CENTER	09177088
HON. ROMULO ARCALA	BAMBAN CITY, TARLAC	0977 484 1763

43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

COMMUNITY TAX CERTIFICATE NO.	SIGNATURE (Sign inside the box)	RIGHT THUMBMARK
ISSUED AT		
/ / ISSUED ON (mm/dd/yyyy)	JUNE 15, 2021 DATE ACCOMPLISHED	