## CS Form No. 212 Revised 2017 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 READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM 1. CS ID No. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes ( 🗌 and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. . PERSONAL INFORMATION 2. SURNAME Batula IAME EXTENSION (JR., SR) FIRST NAME Azineth Mae Tablason MIDDLE NAME 3. DATE OF BIRTH 03/01/2000 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH Palo. Levte Pls. indicate country: If holder of dual citizenship, please indicate the details. ✓ Female 5. SEX ☐ Male 17. RESIDENTIAL ADDRESS zone 2 Tahimik ✓ Single ☐ Married 6 CIVIL STATUS e/Block/Lot No Street Widowed Separated Campetic Other/s: Subdivision/Village Barangay Palo Levte 5'5 7. HEIGHT (m) City/Municipality Province 8. WEIGHT (kg) 49 ZIP CODE 6500 Tahimik 18. PERMANENT ADDRESS zone 2 9. BLOOD TYPE 0 House/Block/Lot No Street Campetio 10. GSIS ID NO. N/A Subdivision/Village Barangay Palo Leyte 11. PAG-IBIG ID NO N/A City/Municipality Province 12. PHILHEALTH NO. N/A ZIP CODE 6501 13. SSS NO. N/A 19. TELEPHONE NO. 14. TIN NO. 646-809-958 20. MOBILE NO. 09950329848 maeazineth@gmail.com 15. AGENCY EMPLOYEE NO N/A 21. E-MAIL ADDRESS (if any) **FAMILY BACKGROUND** 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSE'S SURNAME N/A IAME EXTENSION (JR., SR) FIRST NAME N/A N/A MIDDLE NAME N/A OCCUPATION N/A EMPLOYER/BUSINESS NAME N/A BUSINESS ADDRESS N/A N/A TELEPHONE NO. 24. FATHER'S SURNAME Batula IAME EXTENSION (JR., SR) Gilliam FIRST NAME MIDDLE NAME Fahella MOTHER'S MAIDEN NAME Cornista Batula SURNAME FIRST NAME Andrea MIDDLE NAME **Tablason** (Continue on separate sheet if nec **EDUCATIONAL BACKGROUND** SCHOLARSHIP/ ACADEMIC HIGHEST LEVEL/ UNITS EARNED 26 NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE LEVEL

(Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From То **Elementary Graduate ELEMENTARY Campetic Elementary School** 06/01/2006 04/01/2012 Graduated 2012 Salutatorian SECONDARY St. Mary's Academy of Palo **High School Graduate** 06/01/2012 03/23/2018 Graduated 2018 with Honor VOCATIONAL / N/Δ N/A N/A N/A N/A N/A N/A With COLLEGE Saint Paul School of Professional Studies **Bachelor of Science in Accountancy** 06/01/2018 05/26/2022 Graduated 2022 Distinction GRADUATE STUDIES

**SIGNATURE** 

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IV. CIVIL SI				1					
			RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	RMENT	LICENSE (if a	Date of Validity	
CERTIFIED PUBLIC ACCOUNTANT			80.2	05/26/2025	Sagkahan Natio	hool	0211755	03/01/2028	
			(Con	l ntinue on separate sheet	if necessary)				
	EXPERIENCE		t work) Description	n of dution chould b	oe indicated in the attache	d Work Eve	orionae abaat		
	JSIVE DATES						SALARY/ JOB/ PAY		COVIT
(m	(mm/dd/yyyy) POSITION (Write in full/Do no			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To	Own on / Max		Colf Francisco d (M		INCREMENT	Self-		
	09/01/2024	Owner / Mai		Self-Employed (M	Varies N/A	N/A N/A	Employed	no	
07/08/2021	10/01/2021	Accounting			Saint Paul School of Professional Studies			Trainee/OJT Trainee /	no
11/20/2017	12/04/2017	Work Immersion	n Trainee	National Telecomn	nunications Commission	N/A	N/A	Student	no
	<del> </del>								
	<del>                                     </del>								
			(Cor	ntinue on separate sheet	if necessary)				<u> </u>
SIGNATURE			tot_	DATE	AUGUST 5, 2025		CS FORM 2	212 (Revised 2017), I	Page 2 of 4
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
). NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)  From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
N/A	N/A	N/A	N/A			N/A	
VII. LEARNING AND DEVELOPMENT (L&D) I		tinue on separate s					
(Start from the most recent L&D/training program and includ				ief/Executive/Mana	agerial positions)		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			DATES OF IDANCE Id/yyyy) To	NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)		CONDUCTED/ SPONSORED BY (Write in full)
Virtual Bookkeeping with Xero & Quickbooks Online			7/21/2025	16 hours	Technical	AZE Vector	Global Training Corporation
Seminar on Revised Corporation Code		07/17/2019	07/17/2019	3 hours	Technical	Junior Philip	ppine Institute of Accountants
Seminar on Personal Finance		07/18/2019	07/18/2019	3 hours	Technical	Junior Philip	ppine Institute of Accountants
Seminar on Attracting Success (Road to CPA and suc	cesful Career)	07/19/2019	07/18/2019	3 hours	Technical	Junior Philip	ppine Institute of Accountants
Career Planning Symposium for the Accountancy Stu	dents of Eastern Visayas	08/09/2020	08/09/2020	3 hours	Technical	Philippine I	nstitute of Certified Public Accountant
	(Cont	linue on separate s	sheet if necessary)		1		
VIII. OTHER INFORMATION						ı	
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)  NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)  33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)						
Proficient in Microsoft Office applications	N/A						Federation of Junior Philippine
(Word, Excel, PowerPoint)  Strong problem-solving and analytical skills	Institute of Accountants - Member  Junior Philippine Institute of Accountants						
Knowledge in bookkeeping and accounting	SPSPS Chapter - Member Phillipine Institute of Certified Public Accountants - Member						ine Institute of Certified Public
Audit Knowledgeable						Accountants - Meniber	
Solid understanding of financial record-keeping and business compliance requirements.							
Experienced in managing business operations							
		linue on separate s	sheet if necessary)			<u> </u>	
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34.	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?  b. within the fourth degree (for Local Government Unit - Car	_	✓ NO ✓ NO tails:				
35.	a. Have you ever been found guilty of any administrative off	YES NO If YES, give details:					
	b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details:  Date Filed:  Status of Case/s:					
36.	Have you ever been convicted of any crime or violation of a by any court or tribunal?	☐ YES ☑ NO If YES, give details:					
37.	Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	YES V NO If YES, give details:					
38.	<ul><li>a. Have you ever been a candidate in a national or local ele Barangay election)?</li><li>b. Have you resigned from the government service during the</li></ul>	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO					
	last election to promote/actively campaign for a national or l	If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):					
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) May 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)						
a.	Are you a member of any indigenous group?	YES	✓ NO				
b.	Are you a person with disability?		If YES, please spe	city:			
C.	Are you a solo parent?		If YES, please specify ID No:  YES				
	, , ou a colo paren.		If YES, please spe				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)					
	NAME	ADDRESS	TEL. NO.				
	Marilou Malquisto	Tacloban City	9192863292				
	Rose Ann Burro	Lanauan Pastrana, Leyte	9361230448				
12	Clarisa De Leon Maderazo	Tacloban City	9151806028				
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.							
PI	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance  overnment Issued ID: Philippine Identification Card	groth					
ID	/License/Passport No.: 4986-1064-0192-8357	Signature (Sign inside the bo	x)				
Da	ate/Place of Issuance: June 5, 2021	AUGUST 5, 2025  Date Accomplished		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this , affiant exhibiting his/her validly issued government ID as indicated above.							
		Person Administering Oath					
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