

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 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)

2. SURNAME	FERNANDEZ		
FIRST NAME	GAY		NAME EXTENSION (JR., SR)
MIDDLE NAME	SERATO		
3. DATE OF BIRTH (mm/dd/yyyy)	01/06/1964	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input checked="" type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	MAHAPLAG LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	329 G.H. DEL PILAR House/Block/Lot No. Street ZONE 6 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.55	ZIP CODE	6521
8. WEIGHT (kg)	60	18. PERMANENT ADDRESS	329 G.H. DEL PILAR House/Block/Lot No. Street ZONE 6 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
9. BLOOD TYPE	B+	ZIP CODE	6521
10. GSIS ID NO.		19. TELEPHONE NO.	
11. PAG-IBIG ID NO.		20. MOBILE NO.	09264808457
12. PHILHEALTH NO.	13-050000771-1	21. E-MAIL ADDRESS (if any)	gaysfernandez@gmail.com
13. SSS NO.	03-8881106-3		
14. TIN NO.	169-298-294		
15. AGENCY EMPLOYEE NO.			

22. SPOUSE'S SURNAME	FERNANDEZ		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	CLYSON	NAME EXTENSION (JR., SR)	FAITH GAY S. FERNANDEZ	06/01/1995
MIDDLE NAME	CASTILLO		ANGEL ADELYN S. FERNANDEZ	09/27/2001
OCCUPATION	SELF EMPLOYED		CLYSONNE ANNE S. FERNANDEZ	07/04/2003
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.	9654992998			
24. FATHER'S SURNAME	SERATO			
FIRST NAME	ESTELITO	SR.		
MIDDLE NAME	MATUGUINA			
25. MOTHER'S MAIDEN NAME				
SURNAME	RETANA			
FIRST NAME	ANGELES			
MIDDLE NAME	GILLES			

(Continue on separate sheet if necessary)

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	KARUHATAN ELEM. SCHOOL						
SECONDARY	MAHAPLAG HIGH SCHOOL						
VOCATIONAL / TRADE COURSE							
COLLEGE	SOUTHWESTERN UNIVERSITY	BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY					
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JANUARY 4, 2021
-----------	---	------	-----------------

