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 personconcerned.
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	**GALUPO**
FIRST NAME	**ARCHILLE**
NAME EXTENSION (JR., SR)	
MIDDLE NAME	**CERO**
3. DATE OF BIRTH (mm/dd/yyyy)	02/17/1986
4. PLACE OF BIRTH	NONOC ISLAND, SURIGAO CITY
5. SEX	☑ Male ☐ Female
6 CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	**1.65m**
8. WEIGHT (kg)	**70 KG**
9. BLOOD TYPE	**B**
10. GSIS ID NO.	**N/A**
11. PAG-IBIG ID NO.	**121231279086**
12. PHILHEALTH NO.	**18-025286203-8**
13. SSS NO.	**0818586936**
14. TIN NO.	**731-914-362**
15. AGENCY EMPLOYEE NO.	**N/A**
16. CITIZENSHIP	☑ Filipino — Dual Citizenship: ☑ by birth ☐ by naturalization
If holder of dual citizenship, please indicate the details.	Pls. indicate country:
17. RESIDENTIAL ADDRES	GALUPO'S RESIDENCE (House/Block/Lot No.) — ATI Compound (Street)
	VISAYA S STATE UNIVERSITY (Subdivision/Village) — PANGASUGAN (Barangay)
	BAYBAY CITY (City/Municipality) — LEYTE (Province)
ZIP CODE	6521
18. PERMANENT ADDRES	(House/Block/Lot No.) — (Street)
	VISAYA S STATE UNIVERSITY (Subdivision/Village) — PANGASUGAN (Barangay)
	BAYBAY CITY (City/Municipality) — LEYTE (Province)
ZIP CODE	6521
19. TELEPHONE NO.	N/A
20. MOBILE NO.	09959147963
21. E-MAIL ADDRESS (if an	galupoarchille@gmail.com

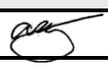
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	**GALUPO**		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	**PHLOEM**	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	**DAL**			
OCCUPATION	**ENGINEER**			
EMPLOYER/BUSINESS NAM	**VISAYAS STATE UNIVERSITY**			
BUSINESS ADDRESS	**VISCA, BAYBAY CITY, LEYTE**			
TELEPHONE NO.	**09264463556**			
24. ATHER'S SURNAME	**GALUPO**			
FIRST NAME	**ACHEL**	NAME EXTENSION (JR., SR)		
MIDDLE NAME	**UBAY**			
25. MOTHER'S MAIDEN NAME				
SURNAME	**CERO**			
FIRST NAME MIDDLE NAME	**CELENIA**			
	MINDAJAO		*(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 From	PERIOD OF ATTENDANCE To	HIGHEST LEVEL / UNITS EARNED (if not	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS
ELEMENTARY	**JESUS CABARRUS CATHOLIC SCHOOL**	**PRIMARY EDUCATION**	**06/01/1994**	**03/28/1999**		**1999**	
SECONDARY	**JESUS CABARRUS CATHOLIC SCHOOL**	**HIGH SCHOOL**	**06/01/1999**	**3/20/2004**		**2004**	
VOCATIONAL / TRADE COURSE	**KFAR SILVER CAMPUS, AGROSTUDIES**	**DIPLOMA IN APPLICABLE AGRICULTURE PROGRAM**	**09/21/2016**	**08/18/2017**		**2017**	
COLLEGE	**VISAYAS STATE UNIVERSITY**	**BS DEVELOPMENT EDUCATION**	**08/01/2013**	**06/15/2018**		**2018**	
GRADUATE STUDIES	**VISAYAS STATE UNIVERSITY**	**MS Agricultural Extension**	**09/01/2022**	**present**			

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	January 8, 2024

IV. CIVIL SERVICE ELIGIBILITY

27. UNDER CAREER SERVICE/ RA 1080 (BOARD/ BAR) SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
Licensure Examination for Agriculturist		**Nov. 22-24, 2022**	**Tacloban City**	**0040230**	**2/17/2026**

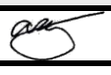
(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP(Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE(Y/ N)
From	To						
08/01/2018	**12/31/2021**	**TRAINING ASSISTANT**	**VISAYAS STATE UNIVERSITY**	**P15,000**		**CONTRACTUAL**	**YES**
01/01/2022	**3/31/2022**	**ENUMERATOR**	**VISAYAS STATE UNIVERSITY**	**P10,000**		**CONTRACTUAL**	**YES**
11/01/2022	**12/31/2022**	**ENUMERATOR**	**KEA MANAGEMENT CONSULTANCY SERVICES**			**CONTRACTUAL**	**NO**
05/24/2023	**6/12/2023**	**ENUMERATOR**	**VISAYAS STATE UNIVERSITY**			**CONTRACTUAL**	**YES**
9/6/2023	12/31/2023	Part-time Instructor	VISAYAS STATE UNIVERSITY			CONTRACTUAL	YES

(Continue on separate sheet if necessary)

SIGNATURE		**DATE**	January 8, 2024

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

29. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
ISO 9001:2015 Awareness/ Re-awareness Webinar	**11/27/2020**	**11/27/2020**	**4 hrs**	**Technical**	**Visayas State University**
Building capacities of Farmers to Become Entrepreneur Thru Climate Smart Farm Business School Approach in Seleced Municipalities of Region VIII	**03/04/2020**	**03/06/2020**	**24 hrs**	**Technical**	**Visayas State University**

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Drip Irrigation technician		**Knights of Colombus**
Hydrophonic Farming		**Missionary Family of Christ**
		VSU Alumni Association

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	January 8, 2024

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 apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:
35. a. Have you ever been found guilty of any administrative offense?	☐ 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 any law, decree, ordinance or regulation by any court or tribunal?	☐ YES ☑ NO If YES, give details:
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?	☑ YES ☐ NO If YES, give details: End of Project
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?	☐ YES ☑ NO If YES, give details: ☐ YES ☑ NO If YES, give details:
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☑ NO If YES, give details (country):
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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:

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

NAME	ADDRESS	TEL. NO.
ELVIRA E. ONGY	**VISCA, BAYBAY CITY, LEYTE**	**09389669267**
MILAGROS C. BALES	**BRGY. PANGASUGAN, BAYBAY CITY, LEYTE**	**09424814524**

PHOTO

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.

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) *PLEASE INDICATE ID Number and Date of Issuance*	
Government Issued ID:	**Driver's license**
ID/License/Passport No.:	**H12-21-200654**
Date/Place of Issuance:	**11/29/2021 / Baybay CIty, Leyte**

Signature (Sign inside the box)

January 8, 2024

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