CS Form No. 212									
PERSONAL DATA SHEET									
VARNING: Any misinterpretation roncerned.	made in the Personal Data Sheet and the V	Work Experience Sheet shal	I cause the	filing of adm	inistrative/c	riminal case/s a	against th	e person	
	FILLING OUT THE PERSONAL DATA SHE					<u> </u>	(Do not	fill up. For CSC use only)	
PERSONAL INFORMATION	) a use separate sheet if necessary. Indicate 1	N/A ii not applicable. DO NOT A	ABBREVIALL		1. CS ID No.		(DO HOL	TIII up. For GoG use orny)	
2. SURNAME	ASUFRA								
FIRST NAME	JUVY  NAME EXTENSION (JR., SR)								
	DUPLA								
MIDDLE NAME  3. DATE OF BIRTH	DUPLA								
(mm/dd/yyyy)	12/12/1986	16. CITIZENSHIP		✓ Fi	lipino 🗌	Dual Citize		naturalization	
4. PLACE OF BIRTH	TUBURAN, CEBU	If holder of dual citizens	•			Pls. indicate of			
5. SEX	☐ Male ✓ Female	please indicate the deta	ills.					•	
6 CIVIL STATUS	Single  Married  Separated Other/s:	17. RESIDENTIAL ADDRESS		ouse/Block/Lot N ubdivision/Villag			Street PASII Baranga	_	
7. HEIGHT (m)	5'1						CARME	LO	
8. WEIGHT (kg)	50	ZIP CODE		City/Municipality			Provinc CEBU	е	
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Ho	ouse/Block/Lot N	lo.		Street		
0. GSIS ID NO.	N/A			ubdivision/Villag			PASII Baranga	_	
1. PAG-IBIG ID NO.	N/A			City/Municipality			CARME Province	LO	
2. PHILHEALTH NO.	N/A	ZIP CODE	6043			CEBU			
3. SSS NO.	N/A	19. TELEPHONE NO.		N/A					
4. TIN NO.	N/A 20. MOBILE NO.		09287037249						
5. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	<u>asufraju</u>	asufrajuvy52@gmail.com					
I. FAMILY BACKGROUND									
2. SPOUSE'S SURNAME	ASUFRA		23. NAME of CI	HILDREN (Writ	e full name and	list all)	DATE OF	BIRTH (mm/dd/yyyy)	
FIRST NAME	JUNELLO	NAME EXTENSION (JR., SR)	JENNILYN D. ASUFRA			Α	9/28/2006		
MIDDLE NAME	OCHAGABIA		JAMELA D. ASUFRA			\		7/17/2008	
OCCUPATION	AIRCON TECHNICIAN			JUNELLO, J	IR. D. ASUF	RA		12/19/2012	
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	9604743484								
4. FATHER'S SURNAME	DUPLA								
FIRST NAME	NELBERTON	NAME EXTENSION (JR., SR)							
MIDDLE NAME	GRANADA								
5. MOTHER'S MAIDEN NAME									
SURNAME	ESTREMOS								
FIRST NAME	JOCELYN								
MIDDLE NAME	RELIBO			(0	Continue on se	parate sheet if nec	essary)		
II. EDUCATIONAL BACKGRO	UND								
6.	NAME OF SCHOOL	BASIC EDUCATION/DEGREE/COI	JRSE	PERIOD OF A	TTENDANCE	HIGHEST LEVEL/	YEAR	SCHOLARSHIP/	
LEVEL	(Write in full)	(W	rite in full)	From	То	UNITS EARNED (if not graduated)	GRADUA TED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	CARMELO ELEMENTARY SCHOOL ELEMENTARY			1993	1999	GRADUATED	1999	N/A	
SECONDARY	TUBURAN NATIONAL HIGH SCHOLL SECONDARY			1999	2003	GRADUATED	2003	N/A	
VOCATIONAL /	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	CEBU TECHNOLOGICAL UNIVERSITY  BACHELOR OF SCIENCE IN AGM MAJOR IN CROP AGRO			2015	2019	GRADUATED	2016	SIDA SCHOLAR / CUM LAUDE	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTERS OF SCIENCE MAJOR PROTECTION / MINOR AGRIC EXTENSION		2020	PRESENT	30 UNITS	N/A	DOST GRADUATE SCHOLAR	

SIGNATURE

DATE

IV. CIVIL SEI	RVICE ELIGI	BILITY							
27. CAREER SE	RVICE/ RA 1080 (E	BOARD/ BAR) UNDER SPECIAL	RATING	DATE OF				LICENSE (if a	applicable)
LAWS/ CES/		BARANGAY RIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN	IATION / CONFER	MENT	NUMBER	Date of Validity
V WORK EV	DEDIENOE		(Cont	inue on separate sheet if	necessary)				
V. WORK EX		t. Start from your recent	work) Descriptio	on of duties should	be indicated in the atta	ched Work Ex	perience she	eet.	
28. INCLUS	SIVE DATES	POSITION TITLE		DEPARTMENT / AGENC			SALARY/ JOB/ PAY GRADE (if		SERVICE
	/dd/yyyy)	full/Do not abbre	(Write in		Do not abbreviate)	MONTHLY SALARY	applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	
From	То				al University Tuburan		INCREMENT		
01/07/2019	03/30/2021	Office Assis		Ca	mpus	P12,000.00	5	Contractual	Y
01/03/2018	08/30/2018	Survey Enume	erator	Universit	y San Carlos	P15,000.00	6	Contractual	N
				inue on senarate sheet if					

SIGNATURE	DATE	
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VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMEN	T / PEOPLE /	VOLUNTAR	RY ORGANI	ZATION/S	
29. NAME & ADDRESS OF ORGANIZATION	III.	INCLUSIVE DATES		NUMBER OF		DOCITION / NATURE OF WORK
(Write in fu	II)	From	То	HOURS		POSITION / NATURE OF WORK
N/A						
	<u>'</u>	separate sheet if	•			
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and include)				Chief/Executiv	e/Managerial nos	iitions)
Colar thom the most recent Educationing program and mode.	to only the relevant EdD/training taken for	INCLUSIVE		Omen Executiv		inonsy
30. TITLE OF LEARNING AND DEVELOPMENT INTERVEN (Write in				NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
(Wille)	Tully	From (I	nm/dd/yyyy) To		Technical/etc)	(vviic iii iuii)
From Farm to plate, making food safe: A Webinar on Foo	d Safety-related Standards	06/08/2023		3		BUREAU OF AGRICULTURE AND
In Focus: Rice Crop Health Monitoring and Assessment	·	06/08/2023				FISHERIES STANDARDS UNIVERSITY OF THE PHILIPPINES LOS
Policy Analysis Essentials: Techniques, Tools, and Skills	for Effective Policy Research and					BANOS - COLLEGE OF AGRICULTURE AND WESTERN MINDANAU STATE UNIVERSITY
Practice		06/01/2023				- SATELLITE SOCIO-ECONOMIC RESEARCH AND DATA ANALYTICS
21st Session of the Webinar Series on Nanotechnology: Empowering Young Filipino Researchers for an Emerging Technology Ready Philippines		05/26/2023				DOST-PCIEERD
LUL OTHER DESCRIPTION	(Continue on	separate sheet if	necessary)	_	_	
VIII. OTHER INFORMATION						WIEWIDENSHII IIV
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / F	RECOGNITION	(Write in	full)		33. ASSOCIATION/ORGANIZATION (Write
	(Continue on	separate sheet if	necessary)			

SIGNATURE		DATE	FEBRUARY 4, 2022
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<ul> <li>Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immed Bureau or Department where you will be apppointed,</li> <li>a. within the third degree?</li> <li>b. within the fourth degree (for Local Government Unit - 0</li> </ul>	☐ YES ☑	<u>=</u>		
b. main are realth degree (to because overline).	If YES, give details:			
35. a. Have you ever been found guilty of any administrative	☐ 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 by any court or tribunal?	YES NO If YES, give details:			
37. Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination out (abolition) in the public or private sector?	YES If YES, give details:	√ NO		
a. Have you ever been a candidate in a national or local Barangay election)?	election held within the last year (except	YES If YES, give details:	☑ NO	
b. Have you resigned from the government service during election to promote/actively campaign for a national or lo	YES If YES, give details:	☑ NO		
39. Have you acquired the status of an immigrant or perman	☐ YES ☑ NO If YES, give details (country):			
<ol> <li>Pursuant to: (a) Indigenous People's Act (RA 8371); (b) N 7277); and (c) Solo Parents Welfare Act of 2000 (RA 897)</li> </ol>				
a. Are you a member of any indigenous group?		YES If YES, please speci	fy:	
b. Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:		
c. Are you a solo parent?		☐ YES ☑ NO If YES, please specify ID No:		
41. REFERENCES (Person not related by consanguinity or affinity to appli	cant /appointee)			
NAME	ADDRESS	TEL. NO.	ID picture taken within the last 6 months 3.5 cm. X 4.5 cm	
			(passport size)	
			With full and handwritten name tag and signature over printed name	
I declare under oath that I have personally accomplish complete statement pursuant to the provisions of per		·	Computer generated or photocopied picture is not acceptable	
Philippines. I authorize the agency head/authorized repril agree that any misrepresentation made in this diadministrative/criminal case/s against me.	esentative to verify/validate the contents state	ed herein.	РНОТО	
PLEASE INDICATE ID Number and Date of				
Government Issued ID: PROFESSIONAL REGULATION COMMISSION				
ID/License/Passport No.:	Signature (Sign inside the b	ox)		
Date/Place of Issuance: FEBRUARY 19, 2018 ILOILO CITY	Date Accomplished		Right Thumbmark	
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued go	overnment ID as indicated above.	
[				
	Person Administering Oat	h		