

# PERSONAL DATA SHEET

**WARNING:** Any misinterpretation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

Print legibly. Tick appropriate boxes ☐

1. CS ID No.

(Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION

2. SURNAME	TABADA		
FIRST NAME	SARAH AURORA		NAME EXTENSION (JR., SR)
MIDDLE NAME	WARQUE		
3. DATE OF BIRTH (mm/dd/yyyy)	1995/02/18	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Philippines	
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Apartment # 5 Kilbourne House/Block/Lot No. Street VISCA Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
7. HEIGHT (m)	1.54	ZIP CODE	6521-A
8. WEIGHT (kg)	59		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	Apartment # 5 Kilbourne House/Block/Lot No. Street VISCA Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521-A
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	13-025489444-4		
13. SSS NO.	N/A	19. TELEPHONE NO.	563-7646
14. TIN NO.	N/A	20. MOBILE NO.	09317285031
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	sawt20md@gmail.com

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	TABADA		N/A	N/A
FIRST NAME	WINSTON	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	MEMBREBE		N/A	N/A
25. MOTHER'S MAIDEN NAME	WARQUE		N/A	N/A
SURNAME	TABADA		N/A	N/A
FIRST NAME	MARIA AURORA TERESITA		N/A	N/A
MIDDLE NAME	ROLDAN		(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		HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	VISCA FOUNDATION ELEMENTARY SCHOOL	Primary education	2001/06/01	2007/03/01	N/A	2007	N/A
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL	Secondary education	2007/06/01	2011/03/01	N/A	2011	HONORABLE MENTION
VOCATIONAL /TRADE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF THE PHILIPPINES CEBU	Bachelor of Science in Biology	2011/06/01	2015/06/01	N/A	2015	N/A
GRADUATE STUDIES	UNIVERSITY OF CEBU COLLEGE OF MEDICINE FOUNDATION INCORPORATED	Medicine	2015/06/01	2019/06/01	N/A	2019	N/A

SIGNATURE		DATE	May 5, 2021
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#### IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER 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
Physician Licensure Examination	82.17%	11/10-11,15-16/2020	TACLOBAN CITY, LEYTE	0153151	2024/02/18

(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						
2019/07/01	2020/06/30	POST GRADUATE INTERN	PHILIPPINE GENERAL HOSPITAL	N/A	N/A	GRADUATED	N

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 5, 2021
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## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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





[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 5, 2021
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<p>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 appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td><b>BERDIN, FLORENTINO JR.</b></td> <td>UC SCHOOL OF MEDICINE, MANDAUE CITY, CEBU</td> <td><b>09989713719</b></td> </tr> <tr> <td><b>DELA TORRE, GLADDYS CHRISTIAN</b></td> <td>UC SCHOOL OF MEDICINE, MANDAUE CITY, CEBU</td> <td><b>09999981697</b></td> </tr> <tr> <td><b>MONTOYA, MELFER</b></td> <td>UC SCHOOL OF MEDICINE, MANDAUE CITY, CEBU</td> <td><b>(032) 238-8888</b></td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	<b>BERDIN, FLORENTINO JR.</b>	UC SCHOOL OF MEDICINE, MANDAUE CITY, CEBU	<b>09989713719</b>	<b>DELA TORRE, GLADDYS CHRISTIAN</b>	UC SCHOOL OF MEDICINE, MANDAUE CITY, CEBU	<b>09999981697</b>	<b>MONTOYA, MELFER</b>	UC SCHOOL OF MEDICINE, MANDAUE CITY, CEBU	<b>(032) 238-8888</b>
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<p>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.</p>													
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<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; height: 50px; margin: 10px auto; width: 80%;"></div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 80%;">           Person Administering Oath         </div> </div> <div style="width: 45%; text-align: center;">             PHOTO         </div> </div> <div style="border: 1px solid black; height: 80px; margin-top: 10px; width: 100%;"></div> <div style="border: 1px solid black; padding: 5px; text-align: center; width: 100%;">           Right Thumbmark         </div>													