CS Form No. 212 Revised 2017									
leviseu 2017	PERSO	NAL DAT	A SH	IEE1	Γ				
	tion made in the Personal Data Sheet and th	e Work Experience Sheet si	hall cause the	filing of ad	ministrative	/criminal case/s	against the p	erson	
	TO FILLING OUT THE PERSONAL DATA SH								
Print legibly. Tick appropriate boxes  . PERSONAL INFORMATION	) and use separate sheet if necessary. Indicate	e N/A if not applicable. DO NOT	ABBREVIATE.		1. CS ID No.		(Do not fill up. F	or CSC use only)	
	DUPAL								
FIRST NAME	DARLYN					NAME EXTENSION (JF	R., SR)		
	AYON								
3. DATE OF BIRTH	NOVEMBER 20, 1998	16. CITIZENSHIP							
(mm/dd/yyyy)	140 VEIWIDEIX 20, 1000	IO. OTTIZENOTIII		✓ Filipino Dual Citizenship ✓ by birth			by naturalization		
4. PLACE OF BIRTH	BAYBAY CITY LEYTE	If holder of dual citizenship,		Pls. indicate of					
5. SEX	☐ Male ☑ Female	please indicate the de	etails.					•	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS	Hou	se/Block/Lot No	`		Street		
	☐ Widowed ☐ Separated ☐ Other/s:						MARCOS		
7. HEIGHT (m)	1.57		Sut	bdivision/Village BAYBAY	)		Barangay LEYTE		
	68	ZIP CODE	Ci	ity/Municipality			Province		
9. BLOOD TYPE	AB+	18. PERMANENT ADDRESS							
IO. GSIS ID NO.	N/A	-	Hou				Street MARCOS		
11. PAG-IBIG ID NO.	919276035951	-	Sut	bdivision/Village BAYBAY		Barangay LEYTE			
2. PHILHEALTH NO.	13-25035951	ZIP CODE	Ci	ity/Municipality 6521			Province		
3. SSS NO.	34-9785726-1	19. TELEPHONE NO.		0021		N/A			
	600-427-007	20. MOBILE NO.		09095503530					
5. AGENCY EMPLOYEE NO.	300 121 001			darlyn.dupal20@gmail.cc			com		
I. FAMILY BACKGROUND		21. E-MAIL ADDRESS (if any)		<u>uc</u>	iliyii.uupa	aizo@giriaii.	<u> </u>		
2. SPOUSE'S SURNAME	N/A		23. NAME of CH	ILDREN (Write	full name and	list all)	DATE OF BIRT	ΓΗ (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)		,	N/A				
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME	DUPAL								
FIRST NAME	NORBERTO	NAME EXTENSION (JR., SR)							
MIDDLE NAME	MONDAL	•							
5. MOTHER'S MAIDEN NAME									
SURNAME	AYON								
FIRST NAME	MERLITA								
MIDDLE NAME	MOLLEDA			(Co	ntinue on sep	parate sheet if neces	ssary)		
II. EDUCATIONAL BACKG	ROUND		_				Γ	SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGRE (Write in full)	EE/COURSE	PERIOD OF A	To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	MARCOS ELEMENTARY SCHOOL	N/A	_	2005'	2011'		2011		
SECONDARY	BUNGA NATIONAL HIGHSCHOOL	N/A		2011'	2015'		2015		
VOCATIONAL / TRADE COURSE	N/A	N/A							
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN ENVIRONMENTAL MA	ANAGEMENT	2015'	2019'		2019		
GRADUATE STUDIES	N/A								
		Continue on separate sheet if nec	essary)						
SIGNATURE	Ç.			DA	TF		July 1, 2024		

<ol> <li>CARE</li> </ol>	ER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	DATING	DATE OF				LICENSE (if a	pplicable)
	SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	EXAMINATION / PLACE OF EXAMINAT		TION / CONFER	RMENT	NUMBER	Date of Validity
					*********				validity
	CSC-SUB PRO	DFESSIONAL		MARCH 26, 2023	MAASIN SOU	THERN LEY	TE		
			(Cor	ntinue on separate sheet	if necessary)				
	EXPERIENCE								
		ent. Start from your rece	nt work) Description	on of duties should l	be indicated in the attacl	ned Work Ex	SALARY/ JOB/ PAY	et.	
	JSIVE DATES m/dd/yyyy)	POSITION T			ENCY / OFFICE / COMPANY	MONTHLY	GRADE (if applicable)& STEP	STATUS OF	GOV'1
From	То	(Write in full/Do not	abbreviate)	(Write in full	/Do not abbreviate)	SALARY	(Format "00-0")/ INCREMENT	APPOINTMENT	(Y/ N)
03/01/2024	Present	Administartive	e Aide VI	Department o	f Agriculture RFO7			cos	
		Clerk / Departmnt Do							
06/01/2023	08/31/2023	Control Clerk / Departmnt Do	ler		Forest Science -VSU  Plant Breeding and			JO	
9/10/2019	05/31/2023	Cierk / Departmet Do Control			etics -VSU			JO	
	<u> </u>								
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	-								
	ļ								
	-								
			,	ntinue on separate sheet					
					it nococconil				

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A							
	(Con	tinue on separate :	sheet if necessary				
VII. LEARNING AND DEVELOPMENT (L&D)						1	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)  From To		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
ISO 9001:2015 Awareness/Re-awareness Seminar		08/30/2022	08/31/2022	2.0	Admin	VISAYAS STATE UNIVERSITY	
ISO 9001:2015 Awareness/Re-awareness Seminar		09/13/2021	09/13/2021	2.0	Admin	VISAYAS STATE UNIVERSITY	
The Basics of Records Management and Records Co.	ntrol	01/27/2021	01/27/2021	4.0	Admin	DOST-STII	
Document Tracking System		11/13/2020	11/13/202	3.0	Admin	VISAYAS STATE UNIVERSITY	
	(Con	tinue on separate :	hant if management				
VIII. OTHER INFORMATION	(Con	unue on separate :	sneet ii necessary,				
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)				33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
Clerical	N/A				N/A		
Computer Literate							
SIGNATURE	(Con	tinue on separate sheet if necessary)		DATE		July 1, 2024	

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?		☐ YES ☑	☐ YES ☑ NO				
	b. within the fourth degree (for Local Government Unit - Car	YES  If YES, give details:	☑ NO					
35.	a. Have you ever been found guilty of any administrative offer	☐ YES ☐ If YES, give details:	☑ NO					
	b. Have you been criminally charged before any court?	YES [ If YES, give details: Date Filed: Status of Case/s:	NO					
36.	Have you ever been convicted of any crime or violation of any by any court or tribunal?	☐ YES ☑ NO If YES, give details: ————————————————————————————————————						
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?		☐ YES ☑ NO If YES, give details:					
38.	a. Have you ever been a candidate in a national or local electron are local electron and a local electron are local electron.	ction held within the last year (except	☐ YES ☑ NO If YES, give details:					
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local	☐ YES ☑ NO If YES, give details:						
39.	Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):						
40.								
a.	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group?	please answer the following items:	☐ YES	√ NO				
	, , , , , , , , , , , , , , , , , , , ,		If YES, please specify:					
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 applicant /	appointee)						
	NAME	ADDRESS	TEL. NO.					
	Luz O. Moreno	VSU	lomoreno@vs u.edu.ph					
	Wilberto O. Castillo	Maguikay Mandaue Cebu	bertcast@62 @gmail.com					
42.	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.	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance  overnment Issued ID: TIN							
H	/License/Passport No.: 600-427-007	ox)						
Da	ate/Place of Issuance: 07/28/2021		Right Thumbmark					
	SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ing his/her validly issued o	government ID as indicated above.				
	Г							
	L							
		Person Administering Oat	h					