

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)

I. PERSONAL INFORMATION

2. SURNAME	MUERTIGUE		
FIRST NAME	JESIBEL	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	LUFRANGCO		
3. DATE OF BIRTH (mm/dd/yyyy)	10/3/1992	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	MAPGAP, BAYBAY CITY, LEYTE	If holder of dual citizenship, please indicate the details.	Philippines
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	30 DE DICIEMBRE ST. House/Block/Lot No. Street ZONE 23 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.49 m	ZIP CODE	
8. WEIGHT (kg)	42 kg		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	30 DE DICIEMBRE ST. House/Block/Lot No. Street ZONE 23 Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province 6521
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	1211-2604-8041		
12. PHILHEALTH NO.	12-051363940-1		
13. SSS NO.	06-3226809-0	19. TELEPHONE NO.	N/A
14. TIN NO.	324766935-0000	20. MOBILE NO.	09169108769
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	lufrangco79@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MUERTIGUE		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RODNEY	NAME EXTENSION (JR., SR) N/A	N/A	
MIDDLE NAME	ARIOSAS			
OCCUPATION	PHARMACIST			
EMPLOYER/BUSINESS NAME	WESTERN LEYTE PROVINCIAL HOSPITAL			
BUSINESS ADDRESS	PAN-PHILIPPINE HIGHWAY, BAYBAY CITY, LEYTE			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LUFRANGCO			
FIRST NAME	PABLO	NAME EXTENSION (JR., SR) Sr.		
MIDDLE NAME	NIEPEZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	GUTAS			
FIRST NAME	ELENA			
MIDDLE NAME	MANLA			

(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	PAJO ELEMENTARY SCHOOL	PRIMARY EDUCATION	1999	2005	N/A	2005	N/A
SECONDARY	BABAG NATIONAL HIGH SCHOOL	HIGH SCHOOL	2005	2009	N/A	2009	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF CEBU-LAPULAPU & MANDAUE	BS NURSING	2009	2011 & 2016	103	N/A	N/A
	UNIVERSITY OF THE PHILIPPINES-OPEN UNIVERSITY, LOS BAÑOS, LAGUNA	BS EDUCATION STUDIES	2021	present	N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE
-----------	------