CS Form No. 212 Revised 2017	PERCO	NAL DATA 61					
	PERSO	NAL DATA SH	IEEI				
WARNING: Any misrepresenta concerned.	tion made in the Personal Data Sheet and th	e Work Experience Sheet shall cause the	filing of adı	ninistrativ	e/criminal case/s	against the	person
	TO FILLING OUT THE PERSONAL DATA SHE i) and use separate sheet if necessary. Indicate			M. 1. CS ID No.	ř	(Do not fill up. F	or CSC use only
I. PERSONAL INFORMATIO		TWY II HOL Applicable. Be NOT ABBRETIATE.		1.001010		, ,	,
2. SURNAME	Acampado						
FIRST NAME	Giselle				NAME EXTENSION (JR	t., SR)	
MIDDLE NAME	Albotra						
3. DATE OF BIRTH (mm/dd/yyyy)	JANUARY 04, 1997			Dual Citizenship	ip by naturalization		
4. PLACE OF BIRTH	BRGY. TACURANGA PALO, LEYTE	If holder of dual citizenship,	Pls. indicate cou				izadon
5. SEX	☐ Male ✓ Female	please indicate the details.	***				
6 CIVIL STATUS	Single Married Widowed Separated Other/s:		louse/Block/Lot No.		ZONE 5 Street TACURANGA		
7. HEIGHT (m)	157 cm		PALO	70		Barangay LEYTE	
8. WEIGHT (kg)	86 kilograms	ZIP CODE	ity/Municipality			Province	
9. BLOOD TYPE	B POSITIVE	18. PERMANENT ADDRESS				ZONE 5	
10. GSIS ID NO.	BT CONTY	Hou	se/Block/Lot No			Street TACURANGA	
	4040 4007 0005	Sui	bdivision/Village PALO	8		Barangay LEYTE	
11. PAG-IBIG ID NO.	1212-4987-0325		ity/Municipality			Province	
12. PHILHEALTH NO.	12-051446420-6	ZIP CODE					
13. SSS NO.	06-3714359-2	19. TELEPHONE NO.					
14. TIN NO.	749-752-281-00000	20. MOBILE NO.	09469230949 acampadogiselle@gmail.com				
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	aca	mpadog	iselle@gmail	.com	
II. FAMILY BACKGROUND	Acampado	23. NAME of CH	II DDEN /Weite	full name and	l list all	DATE OF BID	TH (mm/dd/yyyy)
22. SPOUSE'S SURNAME	Arian		senia Astrid A				5 37375
FIRST NAME	Gula				14.0	Augusi	05, 2020
MIDDLE NAME OCCUPATION	Assistant Profess	I					
EMPLOYER/BUSINESS NAME	Visayas State University					<u>.</u>	
BUSINESS ADDRESS	Tolosa, Leyte	y Tolosa				_	
TELEPHONE NO.	Tolosa, Leyte						
24. FATHER'S SURNAME	Albotra						
FIRST NAME	Romulo	NAME EXTENSION (JR., SR)				9	
MIDDLE NAME	Conde						
25. MOTHER'S MAIDEN NAME						ē	
SURNAME	Tapales						
FIRST NAME	Evelyn					9	
MIDDLE NAME	Barbosa		(Continue on separate sheet if necessary)				
III. EDUCATIONAL BACKG	50000000000000000000000000000000000000		100	runae on se	parate oncern needs	sary,	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF A	TTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	Naga-Naga Elementary School		2003	2009		2009	Valedictorian
SECONDARY	Palo National High School		2009	2013		2013	Valedictorian
VOCATIONAL /							
TRADE COURSE	Ct Cabalogicals Callege To the trans		0045	0045		2018	Magna Cum
COLLEGE	St. Scholastica's College Tacloban	I	2013	2018		1 2018	

GRADUATE STUDIES

SIGNATURE

10/17/2024

DATE

	ER VICE ELIG	1080 (BOARD/ BAR) UNDER		DATE OF				LICENSE (if a	pplicable)
	SPECIAL LAV	WS/ CES/ CSEE ITY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of
									Validity
Reç	gistered Medic	al Technologist	86.0	March 13-14, 2019	Manila, Philippines			0094520	01/04/2025
V. WORK E	XPERIENCE		(Co	ontinue on separate sheet	if necessary)		_	_	
		nt. Start from your recen	t work) Descriptio	on of duties should b	e indicated in the attache	ed Work Exp	salary/job/pay		
	JSIVE DATES m/dd/yyyy) To	POSITION T (Write in full/Do not			ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
06/13/2019	05/10/2021	Medical Techr	nologist	Divine V	Vord Hospital	15,010.00		Regular	No
08/15/2021	12/31/2023	Instruct	7,54		's College Tacloban	18,000.00		Part-time	No
05/01/2022	Present	Chief Medical Te	chnologist	Accu-Right Medica	al and Diagnostic Center	27,000.00		Regular	No
	e e								
									-
			, (0	ontinue on separate sheet	if necessarvi				
SIGNA	ATURE	1	Alberte	on copulate street	DATE		10/1	7/2024	

ed 2017),

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF OR (Write in full)			/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK		
Philippine Association of Medic	cal Technologist	09/01/2021	09/30/2025		member		
					U.		
			sheet if necessary)				
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PI						
30. TITLE OF LEARNING AND DEVELOPMENT INTEI (Write in full)		(IIIII/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Biosafety, Biosecurity and Biorisk M	anagement Training	92/04/2022	To 02/18/2022	24 hours	Technical	Research Institute for Tropical Medicine	
Evidence! Understanding The Genetic Concepts Beh							
The Medical Technology Profession In The Medic Healthcare Provider Network of the Universal Health (International Helath Regulations; Ergonomis: Postu	al Technology Profession In The Care; Public Health Surveillance and	10/29/2022	10/29/2022	8 hours	Technical		
Beyond The Basics: Exploring Current Trends in Her Care Testing	matology, Parasitology, and Point of	04/15/2024	04/15/2024	8 hours	Technical	PAMET Baguio-Benguet-Mt. Province Chapter PAMET Cagayan Chapter	
Advancements in Molecular and Serological Diagno	estics for Zoonotic Schistosomiasis	04/27/2024	04/27/2024	8 hours	Technical	PAMET Cagayan Chapter	
Navigating The Complexities: An In-Depth Exploration		05/11/2024	05/11/2024	8 hours	Technical	PAMET Cagayan Chapter	
Transaction models						i Ameri dagayan dhapter	
					2		
					Í		
	(Con	tinue on separate :	sheet if necessary)	K .			
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)						
Reading							
(Continue on separate sheet if necessary)							
CICNATURE	\	\			NTE	40/47/0004	
SIGNATURE	Albert		DA	ATE	10/17/2024		

 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? b. within the fourth degree (for Local Government Unit - Care 	☐ YES ☑ N ☐ YES ☑ N If YES, give details:			
35. a. Have you ever been found guilty of any administrative offe	☐ YES ☑ NO If YES, give details:			
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 an by any court or tribunal?	☐ YES ☑ NO If YES, give details:			
retirement, dropped from the rolls, dismissal, termination, en out (abolition) in the public or private sector?	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?			
38. a. Have you ever been a candidate in a national or local electron Barangay election)?	tion held within the last year (except	☐ YES ☑ If YES, give details:] NO	
	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?			
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):			
 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), a. Are you a member of any indigenous group? b. Are you a person with disability? 	If YES, please specify:	☑ NO ☑ NO		
c. Are you a solo parent?	☐ YES If YES, please specify ID No	NO 0:		
41. REFERENCES (Person not related by consanguinity or affinity to applicant /			_	
NAME Katrina Frances Busi	ADDRESS	9662536939		
	Table of City	9707059469		
Rodney H. Surpia	Tacloban City	9953223120		
Angelito Narciso 42. I declare under oath that I have personally accomplished	Tacloban City this Personal Data Sheet which is a tr			
complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represer agree that any misrepresentation made in this docur administrative/criminal case/s against me.	ent laws, rules and regulations of the lative to verify/validate the contents state	Republic of the ed herein.	РНОТО	
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PRC ID/License/Passport No.: 0094520	ox)			
Date/Place of Issuance: TACLOBAN CITY		Right Thumbmark		
SUBSCRIBED AND SWORN to before me this	, affiant exhibit Person Administering Oat	ing his/her validly issued govern	nment ID as indicated above.	