

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	DONAYRE		
FIRST NAME	MARICEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GARSANO		
3. DATE OF BIRTH (mm/dd/yyyy)	02/24/1987	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	PILAR, CAMOTES, CEBU	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
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	House/Block/Lot No. Street Subdivision/Village
7. HEIGHT (m)	1.58m	ZIP CODE	LIBERTAD
8. WEIGHT (kg)	55kg		ORMOC CITY LEYTE
9. BLOOD TYPE	B+		City/Municipality Province
10. GSIS ID NO.		18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village
11. PAG-IBIG ID NO.	1210-1166-2459	ZIP CODE	LIBERTAD
12. PHILHEALTH NO.	080507768346		ORMOC CITY LEYTE
13. SSS NO.	34-0541708-8		City/Municipality Province
14. TIN NO.	307-650-379-000	19. TELEPHONE NO.	
15. AGENCY EMPLOYEE NO.		20. MOBILE NO.	09227840040
		21. E-MAIL ADDRESS (if any)	iceldonayre@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	KEITH JARYLLE D. PAGLINAWAN	05/21/2012
MIDDLE NAME			XEDRIC JACE D. PAGLINAWAN	08/06/2013
OCCUPATION			ALYANA D. PAGLINAWAN	12/07/2016
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DONAYRE			
FIRST NAME	ANTONINO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	PAGALAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	GARSANO			
FIRST NAME	CLARITA			
MIDDLE NAME	LAURON			

(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	PILAR CENTRAL SCHOOL		1993	1999		1999	
SECONDARY	PILAR NATIONAL HIGH SCHOOL		1999	2003		2003	
VOCATIONAL / TRADE COURSE							
COLLEGE	LEYTE STATE UNIVERSITY	BACHELOR OF SCIENCE IN AGRIBUSINESS	2003	2007		2007	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/29/2025
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[illegible]

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE	<i>Angela Mame</i>	DATE	07/29/2025
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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)

VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	<i>M. J. M. M. M.</i>	DATE	07/29/2025
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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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ Resignation and End of Contract
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____
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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
Wendy Amante	Labogon, Mandaue City	9065291796
Roberto Ricaplaza	Pilar, Camotes, Cebu	9064228145

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.



Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: SSS
ID/License/Passport No.: 34-0541708-8
Date/Place of Issuance:

Signature (Sign inside the box)
07/29/2025
Date Accomplished



SUBSCRIBED AND SWORN to before me this 05 AUG 2025, affiant exhibiting his/her validly issued government ID as indicated above.	 Atty. CLINT OCTAVIO E. LABTIC Public Attorney II Pursuant to R.A. 9406 Person Administering Oath
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