

## 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	GENTALLAN		
FIRST NAME	GILHINE ROSEL		NAME EXTENSION (JR., SR)
MIDDLE NAME	DELA CRUZ		
3. DATE OF BIRTH (mm/dd/yyyy)	8/4/96	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	BAYBAY CITY, LEYTE		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"/> Other/s:	17. RESIDENTIAL ADDRESS	530 VECINAL ST. House/Block/Lot No. Street Subdivision/Village HIPUSNGO Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.68	ZIP CODE	
8. WEIGHT (kg)	59		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	530 VECINAL ST. House/Block/Lot No. Street Subdivision/Village HIPUSNGO Barangay BAYBAY CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6521
11. PAG-IBIG ID NO.	1212-6738-4814		
12. PHILHEALTH NO.	1325-0358-1535	19. TELEPHONE NO.	N/A
13. SSS NO.	34-9209950-3	20. MOBILE NO.	+63 962 691 2294
14. TIN NO.	723-506-113-000	21. E-MAIL ADDRESS (if any)	grentallan@gmail.com
15. AGENCY EMPLOYEE NO.	N/A		

## 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		NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME				
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	GENTALLAN			
FIRST NAME	GILBERT	NAME EXTENSION (JR., SR)		
MIDDLE NAME	YU			
25. MOTHER'S MAIDEN NAME				
SURNAME	DELA CRUZ			
FIRST NAME	JOSEPHINE			
MIDDLE NAME	JAMILI		(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	BAYBAY 1 CENTRAL SCHOOL	N/A				2009	5TH HONORS
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	N/A				2013	
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR IN ANIMAL SCIENCE				2019	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 3, 2025
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