PERSONAL DATA SHEET

WARNING: Any misrepresentati concerned.	ion made in the Personal L	Data Sheet and the	Work Experience Sheet sh	all cause the	filing of adı	ministrative	/criminal case/s	against the p	erson	
READ THE ATTACHED GUIDE 1 Print legibly. Tick appropriate boxes						M. 1. CS ID No.		(Do not fill up. F	For CSC use only)	
I. PERSONAL INFORMATION		necessary. Indicate i	WATE HOT applicable. Be NOT 7	ADDICE VIATE.		1. 00 15 110.		(Bo not ill up. 1	or occ add drifty	
2. SURNAME	PERMANGEL									
FIRST NAME	LYRA	NAME EXTENSION (JR., SR) N/A								
MIDDLE NAME	GONZALES									
3. DATE OF BIRTH	01/14/199	19	16. CITIZENSHIP		✓ Filipino	, п	Dual Citizenship			
(mm/dd/yyyy)					by birth by naturalization			ation		
4. PLACE OF BIRTH	Lim-Ao, Kanang	A, LEYTE	If holder of dual citizenship,		Pls. indicate cour			country:		
5. SEX	☐ Male	✓ Female	please indicate the details.		Philippines				•	
6 CIVIL STATUS	✓ Single	☐ Married	17. RESIDENTIAL ADDRESS	Hen	/DII /I - I AI		UF	UPPER STAGING Street		
	☐ Widowed ☐ Other/s:	☐ Separated		L					LIM-AO	
7. HEIGHT (m)	1.4986 m.				bdivision/Village KANANGA			Barangay LEYTE		
8. WEIGHT (kg)	46.6 kg.		ZIP CODE	City/Municipality		Province 6531				
	N/A		18. PERMANENT ADDRESS			UPPER STAGING				
9. BLOOD TYPE				Hous	se/Block/Lot No	0.		Street		
10. GSIS ID NO.	N/A				odivision/Village)		LIM-AO Barangay		
11. PAG-IBIG ID NO.	121307311242					ANANGA ity/Municipality			LEYTE Province	
12. PHILHEALTH NO.	13-250596592-6		ZIP CODE	6531						
13. SSS NO.	06-4469977-0		19. TELEPHONE NO.		N/A					
14. TIN NO.	614-514-231-00000		20. MOBILE NO.		09465270253					
15. AGENCY EMPLOYEE NO.	N/A		21. E-MAIL ADDRESS (if any)		lyrapermangel19@gmail.com					
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME		N/A		23. NAME of CHILDREN (Write full name at					ΓΗ (mm/dd/yyyy)	
FIRST NAME	N/A		NAME EXTENSION (JR., SR) N/A		N/A			N/A		
MIDDLE NAME	N/A				N/A			N/A		
OCCUPATION	N/A				N/A			N/A		
EMPLOYER/BUSINESS NAME		N/A			N/A			N/A		
BUSINESS ADDRESS		N/A								
TELEPHONE NO.		N/A								
24. FATHER'S SURNAME	Bloode	PERMANGEL	NAME EXTENSION (JR., SR)							
FIRST NAME	DIOSCOR	.0	N/A							
MIDDLE NAME	CODILLA		AL ES							
25. MOTHER'S MAIDEN NAME	NENA SOLANO GONZ		ALES							
SURNAME FIRST NAME	PERMANGIL						-			
MIDDLE NAME	NENA GONZALES						(Continue on separate sheet if necessary)			
III. EDUCATIONAL BACKGE				(continue on			eparate Sileet II liecessary)			
26. LEVEL	NAME OF SCH (Write in ful		BASIC EDUCATION/DEGRE (Write in full)	E/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	LIM-AO ELEMENTAR	Y SCHOOL			N/A	N/A	N/A	2012	N/A	
SECONDARY	LIM-AO NATIONAL HI	NATIONAL HIGH SCHOOL TECHNICAL VOCATIONAL		OD - COOKERY	06/04/2012	04/20/2018	N/A	2018	WITH HONOR	
VOCATIONAL / TRADE COURSE	N/A				N/A	N/A	N/A	N/A	N/A	
COLLEGE	VISAYAS STATE UN	NIVERSITY	BACHELOR OF SCIENCE IN FORESTRY		08/15/2018	08/10/2022	N/A	2022	CUM LAUDE	
GRADUATE STUDIES	N/A			N/A N/A		N/A	N/A	N/A		
	1 0	•	ontinue on separate sheet if nece	essary)						
SIGNATURE	chyraporm	angel.			DA	TE	J	anuary 1, 2024		

IV CIVII S	EDVICE ELIG	PIRII ITV							
IV. CIVIL SERVICE ELIGIBILITY 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER PATING			DATE OF			LICENSE (if applicable)			
SDECIAL LAWS/CES/CSEE RATIO			RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date of Validity
во	ARD EXAM FO	OR FORESTERS	80.5	10/17-18/2023	TACLO	BAN CITY		N/A	N/A
			(Con	tinue on separate sheet	if necessary)				•
(Include priv	EXPERIENCE vate employme JSIVE DATES nm/dd/yyyy)	ent. Start from your recen			e indicated in the attach	ed Work Exp	SALARY/ JOB/ PAY GRADE (if	t. STATUS OF	GOV'T
From	То	(Write in full/Do not abbreviate)		(Write in full	SALARY	applicable)& STEP (Format "00-0")/ INCREMENT	APPOINTMENT	SERVICE (Y/N)	
09/15/2022	07/29/2023	ASSISTANT MA	RKETING		,		N/A	N/A	
04/01/2022	04/15/2022	ON-THE JOB TRAINI	NG (TRAINEE)		OF FOREST SCIENCE/ EUNIVERSITY, VISCA	N/A N/A		N/A	N/A
SIGN	SIGNATURE digrapormanage			tinue on separate sheet	if necessary) DATE	JANUARY 01, 2024			

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VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/PEOPLE/V	OLUNTARY	ORGANIZATIO	ON/S			
29. NAME & ADDRESS OF ORGANIZATION		INCLUSIVE DATES						
(Write in full)		(mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK			
FORESTRY STUDENT SOCIETY ORGANIZATION		04/01/2019	08/11/2020	N/A	VICE-PRESIDENT			
FORESTRY STUDENT SOCIETY ORGANIZATION			08/11/2021	N/A	PRESIDENT			
VII. LEARNING AND DEVELOPMENT (L&D)		ROGRAMS A	TTENDED	sheet if necessary)				
(Start from the most recent L&D/training program and included)	le only the relevant L&D/training taken for			hief/Executive/Mai	nagerial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
1ST ONLINE NATIONAL FORESTRY QUIZCON	Prom 02/26/2022	To 02/26/2022	3.0	COMPETITION	UP ZETA BETA RHO HONOR FRATERNITY AND UP MUSSAENDA HONOR SORORITY			
"SCIENCE - BASED WATERSHED MANAGEMENT PLA	11/03/2021	11/03/2021	2.0	WEBINAR	FORESTRY DEVELOPMENNT CENTER THRU UPLB FOUNDATION, INC.			
"WEBINAR ON CLIMATE CHANGE AND IT'S IMPACT (PHILIPPINES"		09/15/2021	09/15/2021	3.0	WEBINAR	DEPARTMENT OF AGRICULTURE, NATIONAL FISHERIES RESEARCH AND DEVELOPMENT INSTITUTE		
"SHARING LESSONS ADVANCING COLLECTIVE ACTI ASIA"		09/15/2021	09/15/2021	2.0	WEBINAR	SHARECOM FOR ASIA AND INTERDISCIPLINARY STUDIES CENTER ON INTEGRATED NATURAL RESOURCES AND ENVIRONMENTAL MANAGEMENT		
POLICY FORUM "WATERSHED: KEY FEATURES, FUNCTIONS AND CURRENT STATUS OF WATERSHED IN THE PHILIPPINES"		09/08/2021	09/08/2021	3	WEBINAR	FORESTRY DEVELOPMENNT CENTER THRU UPLB FOUNDATION, INC.		
FOREST AND LANDSCAPE RESTORATION IN THE PH CHALLENGES, OPPORTUNITIES, AND ALIGNMENT TO		04/28/2021	04/28/2021	2.0	WEBINAR	WORLD AGROFORESTRY CENTRE (ICRAF) PHILIPPINES		
2020 SIKAT VIRTUAL SOLIDARITY BUILDING	& ENRICHMENT WORKSHOP	10/31/2020	10/31/2020	6.0	WORKSHOP	ENERGY DEVELOPMENT CORPORATION (EDC)		
		(Cont	inue on separate s	sheet if necessary)				
VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)			GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
COOKING		A			SIKAT ALUMINI ASSOCIATION			
WATCHING MOVIES								
PLANTING/ FARMING								
HIKING								
		(Continue on separate sheet if necessary)						
SIGNATURE	digrapermanail.			DATE		JANUARY 01, 2024		

34. Are you related by consanguinity or affinity to the appointing					
chief of bureau or office or to the person who has immedia Bureau or Department where you will be apppointed,					
a. within the third degree?	☐ YES ☑ NO				
b. within the fourth degree (for Local Government Unit - C	areer Employees)?	☐ YES ☑ NO			
		If YES, give details:			
		-	_		
35. a. Have you ever been found guilty of any administrative of	offense?	☐ YES ☑ NO			
		If YES, give details:			
			_		
b. Have you been criminally charged before any court?		☐ YES ☑ NO If YES, give details:			
		Date Filed:			
		Status of Case/s:			
36. Have you ever been convicted of any crime or violation of	☐ YES ☑ NO				
by any court or tribunal?	If YES, give details:				
		-			
 Have you ever been separated from the service in any of retirement, dropped from the rolls, dismissal, termination, 	✓ YES ☐ NO If YES, give details:				
out (abolition) in the public or private sector?	RESIGNATION DUE TO UPCOMING				
	BOARD EXAM.				
38. a. Have you ever been a candidate in a national or local e	☐ YES ☑ NO				
Barangay election)?	If YES, give details:				
b. Have you resigned from the government service during election to promote/actively campaign for a national or loc	☐ YES ☑ NO If YES, give details:				
39. Have you acquired the status of an immigrant or permane	nt resident of another country?	☐ YES ☑ NO			
		If YES, give details (country):			
40 Durament to: (a) Indiagnama Decade's Act (DA 9274); (b) MA	agna Carta for Disabled Darsons (DA	-			
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) 					
a. Are you a member of any indigenous group?		☐ YES ☑ NO			
b. Are you a person with disability?		If YES, please specify: ☐ YES			
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 applic	ant /appointee)				
NAME	ADDRESS	TEL. NO.	ID picture taken within		
DR. ANATOLIO POLINAR	VISAYAS STATE UNIVERSITY (VISCA, BAYBAY CITY	N/A	the last 6 months 3.5 cm. X 4.5 cm		
DR. DENNIS P. PEQUE	VISAYAS STATE UNIVERSITY (VISCA, BAYBAY CITY	N/A	(passport size)		
	DATBAT CITT		With full and handwritten ame tag and signature over		
42. I declare under oath that I have personally accomplished	ad this Personal Data Sheet which is a t	rue correct and	printed name		
complete statement pursuant to the provisions of pert			Computer generated or photocopied picture		
Philippines. I authorize the agency head/authorized rep I agree that any misrepresentation made in this do	•		РНОТО		
administrative/criminal case/s against me.	ocument and its attachments shall caus	se the lilling of	111010		
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)		1 1			
PLEASE INDICATE ID Number and Date of Issuance	1 9	. I			
PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: PHILHEALTH-13-250596592-6	digrappmana	£-			
	Lugrapormana				
Government Issued ID: PHILHEALTH- 13-250596592-6 ID/License/Passport No.: N/A	Signature (Sign inside the b				
Government Issued ID: PHILHEALTH- 13-250596592-6	Signature (Sign inside the b		Right Thumbmark		
Government Issued ID: PHILHEALTH- 13-250596592-6 ID/License/Passport No.: N/A Date/Place of Issuance: ORMOC CITY	Signature (Sign inside the bit 01/01/24 Date Accomplished		-		
Government Issued ID: PHILHEALTH- 13-250596592-6 ID/License/Passport No.: N/A Date/Place of Issuance: ORMOC CITY	Signature (Sign inside the bit 01/01/24 Date Accomplished	oox)	-		
Government Issued ID: PHILHEALTH- 13-250596592-6 ID/License/Passport No.: N/A Date/Place of Issuance: ORMOC CITY	Signature (Sign inside the bit 01/01/24 Date Accomplished	ng his/her validly issued government			
Government Issued ID: PHILHEALTH- 13-250596592-6 ID/License/Passport No.: N/A Date/Place of Issuance: ORMOC CITY	Signature (Sign inside the bit 01/01/24 Date Accomplished	ng his/her validly issued government			