CS Form No. 212 Revised 2017 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. (Do not fill up. For CSC use only) 1. CS ID No. Print legibly. Tick appropriate boxes ( ) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. PERSONAL INFORMATIO DUMAGUING 2 SURNAME NAME EXTENSION (JR., SR) FIRST NAME MYNCHE DARLEEN MIDDLE NAME 3. DATE OF BIRTH 11/28/1998 16. CITIZENSHIP ☑ Filipino Dual Citizenship (mm/dd/yyyy) ☐ by birth ☐ by naturalization 4 PLACE OF BIRTH Pls. indicate country: If holder of dual citizenship. please indicate the details ☐ Male ✓ Female 5. SEX w ✓ Single Married 17. RESIDENTIAL ADDRESS #696 6 CIVIL STATUS House/Block/Lot No Street ☐ Widowed Separated SANTO ROSARIO Other/s: Subdivision/Villa Barangay BAYBAY LEYTE 7. HEIGHT (m) 1.524 City/Municipality Province 8. WEIGHT (kg) 50 7IP CODE 6521 #109-C 18. PERMANENT ADDRESS 0 9. BLOOD TYPE Hause/Block/Lat No Street TINAGO COMPOUND NIA 10. GSIS ID NO Subdivision/Villag Barangay 121282239747 BAYBAY LEYTE 11. PAG-IBIG ID NO. City/Municipali Province 12. PHILHEALTH NO. 13-250358312-0 ZIP CODE 6521 13. SSS NO. 06-4383375-7 19. TELEPHONE NO. 14. TIN NO. 762-557-005 09166206024 O MOBILE NO 15. AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) mynchedarleen@gmail.com mynche.dumaguing@vsu.edu.ph 22 SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR. SR) FIRST NAME MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO 24. FATHER'S SURNAME ARRADAZA NAME EXTENSION (JR., SR) FIRST NAME JADE JOSE MACARIOLA MIDDLE NAME DUMAGUING 25. MOTHER'S MAIDEN NAME ARRADAZA SURNAME FIRST NAME FERNANDEZ (Continue on separate sheet if necessary) MIDDLE NAME HIGHEST PERIOD OF ATTENDANCE LEVEL

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SIGNATURE THEY THEY DATE THEY THEY SIGNATURE		(Continue on separ	rate sheet if necess	ary)			7/2.1
	SIGNATURE	449	0		DAT	ΤE	H24/2023

Bureau or Department where you will be apppointed,	e supervision over you in the Office,		
a. within the third degree?		YES 2	
b. within the fourth degree (for Local Government Unit - Car	reer Employees)?	YES V	NO
		If YES, give details:	
a. Have you ever been found guilty of any administrative off	fense?	☐YES ☑	NO
		If YES, give details:	, no
b. Have you been criminally charged before any court?		□YES [7	NO
b. Have you been cinimizing charged before any court:		If YES, give details:	****
		Date Filed:	
		Status of Case/s:	
Have you ever been convicted of any crime or violation of a	ny law, decree, ordinance or regulation	YES G	<b>☑</b> NO.
by any court or tribunal?		If YES, give details:	
Have you ever been separated from the service in any of the			NO
retirement, dropped from the rolls, dismissal, termination, er out (abolition) in the public or private sector?	iu or term, umsneu contract or pnased	If YES, give details:	
a. Have you ever been a candidate in a national or local ele	ction held within the last year (except	□YES	√NO
Barangay election)?		If YES, give details:	The second section of the section of the second section of the section of the second section of the section of the second section of the section of th
b. Have you resigned from the government service during the	ne three (3)-month period before the last	YES	✓NO
election to promote/actively campaign for a national or local		If YES, give details:	
Have you acquired the status of an immigrant or permanent	resident of another country?	YES	✓ NO
		If YES, give details (c	ountry):
Describe (A) Indiana Control (A) 1070 (A) 1070	0-4-6-00-6-10-6-70-		
<ul> <li>Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972),</li> </ul>			
Are you a member of any indigenous group?		TYES	✓NO
		If YES, please specify:	
Are you a person with disability?			✓ NO
Are you a solo parent?		If YES, please specify ID	No:
7-2 a delle passion		If YES, please specify ID	
REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)		
NAME	ADDRESS	TEL. NO.	
JALYN BABON	ORMOC LEYTE	9605480741	
		Part of the Part o	
IESSA DIIAI ES.CHIZON	ODMOC LEVTE	930622082	1000
JESSA RUALES-CUIZON	ORMOC LEYTE	930622082	
I declare under oath that I have personally accomplished	this Personal Data Sheet which is a tr	ue, correct and	
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