

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 () 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	Cutamora		
FIRST NAME	Charlie Mark	NAME EXTENSION (JR., SR)	
MIDDLE NAME	Flandez		
3. DATE OF BIRTH (mm/dd/yyyy)	03/23/1982	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	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.67	17. RESIDENTIAL ADDRESS	Tandang Sora House/Block/Lot No. _____ Street _____ Zone 1 Subdivision/Village _____ Barangay _____ Baybay _____ Leyte _____ City/Municipality _____ Province _____ ZIP CODE 6521
8. WEIGHT (kg)	74	18. PERMANENT ADDRESS	Tandang Sora House/Block/Lot No. _____ Street _____ Zone 1 Subdivision/Village _____ Barangay _____ Baybay City _____ Leyte _____ City/Municipality _____ Province _____ ZIP CODE 6521
9. BLOOD TYPE	O	19. TELEPHONE NO.	
10. GSIS ID NO.	021-1326-8543-1	20. MOBILE NO.	09975070174
11. PAG-IBIG ID NO.	1211-1111-6617	21. E-MAIL ADDRESS (if any)	charliemarkcutamora@gmail.com
12. PHILHEALTH NO.			
13. SSS NO.			
14. TIN NO.	920-857-388		
15. AGENCY EMPLOYEE NO.			

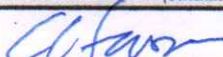
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Cutamora		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Nora	NAME EXTENSION (JR., SR)	Charles Gavin C Cutamora	11/02/2013
MIDDLE NAME	Cabillon		Gilana Macy C Cutamora	05/04/2017
OCCUPATION	Nurse		Geobey Cate C Cutamora	09/14/2018
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	Cutamora			
FIRST NAME	Juanito	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Godoy			
25. MOTHER'S MAIDEN NAME				
SURNAME	Flandez			
FIRST NAME	Ludmila			
MIDDLE NAME	Zaldivar			
(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	Franciscan College of Immaculate Conception						
SECONDARY	Franciscan College of Immaculate Conception						
VOCATIONAL / TRADE COURSE							
COLLEGE	Visayas State College of Agriculture	B. S. Agriculture			3rd Year		
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	February 11, 2022
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