

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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 | ACOB | | |
| FIRST NAME | JOEL REY | NAME EXTENSION (JR, SR) | |
| MIDDLE NAME | UGSANG | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 15/05/1988 | 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 | AURORA ISABELA | If holder of dual citizenship, please indicate the details. | |
| 5. SEX | <input checked="" type="checkbox"/> Male <input 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 WORLD VISION LINAO Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province |
| 7. HEIGHT (m) | 5'7" | ZIP CODE | 6541 |
| 8. WEIGHT (kg) | 73 KGS | | |
| 9. BLOOD TYPE | O+ | 18. PERMANENT ADDRESS | House/Block/Lot No. Street WORLD VISION LINAO Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province |
| 10. GSIS ID NO. | 0111-4317355-0 | ZIP CODE | 6541 |
| 11. PAG-IBIG ID NO. | 1210-8372-5551 | | |
| 12. PHILHEALTH NO. | 13-050125995-1 | | |
| 13. SSS NO. | 0631-460-394 | 19. TELEPHONE NO. | N/A |
| 14. TIN NO. | 412-316-457 | 20. MOBILE NO. | 0956-916-1146 |
| 15. AGENCY EMPLOYEE NO. | V00965 | 21. E-MAIL ADDRESS (if any) | joel.acob@vsu.edu.ph |

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) |
| 24. FATHER'S SURNAME | ACOB | | N/A | N/A |
| FIRST NAME | BONIFACIO | NAME EXTENSION (JR, SR) | | |
| MIDDLE NAME | SOLANO | | | |
| 25. MOTHER'S MAIDEN NAME | UGSANG | | | |
| SURNAME | LORENO | | | |
| FIRST NAME | JOCYLYN | | | |
| MIDDLE NAME | BATINGAL | | (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 | CARIDAD ELEMENTARY SCHOOL | BASIC EDUCATION | 12/06/1994 | 27/03/2000 | 1ST HONOR | 2000 | |
| SECONDARY | DR. GERONIMO B. ZALDIVAR MEM SCH OF FISHERIES | SECONDARY EDUCATION | 10/06/2000 | 12/04/2005 | 2ND HONOR | 2005 | |
| COLLEGE | SAN LORENZO RUIZ COLLEGE | BACHELOR OF SCIENCE IN NURSING | 09/06/2005 | 27/03/2009 | | 2009 | |
| GRADUATE STUDIES | SOUTHWESTERN UNIVERSITY | MA IN NURSING | 13/05/2010 | 17/05/2011 | | 2011 | |
| GRADUATE STUDIES | ST PAUL UNIVERSITY PHILIPPINES | DOCTOR IN NURSING SCIENCE | 14/06/2015 | 01/06/2019 | | 2019 | |
| POST GRADUATE STUDIES | AIRLANGGA UNIVERSITY, INDONESIA | GERONTOLOGY AND MANAGEMENT | 07/01/2021 | 30/09/2021 | | 2021 | |

IV. CIVIL SERVICE ELIGIBILITY

| 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE | RATING (If Applicable) | DATE OF EXAMINATION / CONFERMENT | PLACE OF EXAMINATION / CONFERMENT | LICENSE (if applicable) | |
|--|---------------------------|----------------------------------|-----------------------------------|-------------------------|------------------|
| | | | | NUMBER | Date of Validity |
| DOST TECHNICAL CONSULTANT ON QUALITY ASSURANCE | N/A | 01/02/2024 | TACLOBAN CITY | SO 47 S 2024 | PRESENT |
| NURSE LICENSURE EXAMINATION | 79.0 | NOV 6-7, 2010 | TACLOBAN CITY | O611418 | 15/05/2025 |
| NC II IN HEALTH CARE SERVICES | | 04/05/2013 | MAASIN CITY, SO. LEYTE | 19086402001684 | 08/07/2025 |

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

| 28. INCLUSIVE DATES (mm/dd/yyyy) | | POSITION TITLE (Write in full/Do not abbreviate) | DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) | MONTHLY SALARY | SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0") INCREMENT | STATUS OF APPOINTMENT | GOVT SERVICE (Y/N) |
|-------------------------------------|-------------|---|---|----------------|---|-----------------------|--------------------|
| From | To | | | | | | |
| 15/02/2010 | 19/11/2010 | STAFF NURSE | ORMOC DISTRICT HOSPITAL | 6000.00 | | J.O. | YES |
| 12/01/2010 | 07/01/2013 | SAFETY SERVICE INSTRUCTOR | PHILIPPINE RED CROSS | | | VOLUNTEER | NO |
| 07/01/2011 | 05/31//2012 | FACULTY OF NURSING | THE COLLEGE OF MAASIN | 10510.50 | INST 3 | REGULAR | NO |
| 06/01/2012 | 05/31/2013 | CLINICAL INSTRUCTOR | THE COLLEGE OF MAASIN | 11385.50 | INST3 | REGULAR | NO |
| 06/01/2013 | 05/31/2014 | CLINICAL INSTRUCTOR | THE COLLEGE OF MAASIN | 12543.91 | INST 3 | REGULAR | NO |
| 06/01/2014 | 05/31/2015 | CLINICAL INSTRUCTOR | THE COLLEGE OF MAASIN | 12543.91 | INST 3 | REGULAR | NO |
| 06/01/2015 | 05/31/2016 | CLINICAL INSTRUCTOR / COORDINATOR, OSDS | THE COLLEGE OF MAASIN | 18915.00 | INST 3 | REGULAR | NO |
| 06/01/2016 | 01/31/2017 | CLINICAL INSTRUCTOR/ COORDINATOR, RESEARCH OFFICE | THE COLLEGE OF MAASIN | 18915.00 | INST 3 | REGULAR | NO |
| 02/01/2017 | 12/31/2017 | INSTRUCTOR 1 | VISAYAS STATE UNIVERSITY | 21284.00 | SG 12 | Reg-Temp | Yes |
| 01/01/2018 | 12/31/2018 | INSTRUCTOR 1 | VISAYAS STATE UNIVERSITY | 21284.00 | SG 12 | Reg- Temp | Yes |
| 01/01/2019 | 06/30/2019 | INSTRUCTOR 1 | VISAYAS STATE UNIVERSITY | 22938.00 | SG 12 | Reg-Temp | Yes |
| 07/01/2019 | 12/31/2019 | ASST PROF 2 | VISAYAS STATE UNIVERSITY | 33584.00 | SG 16 | Reg-Temp | Yes |
| 01/01/2020 | 06/30/2020 | ASST PROF 2 | VISAYAS STATE UNIVERSITY | 35943.00 | SG 16 | Reg-Temp | Yes |
| 07/01/2020 | 12/31/2020 | ASST PROF 2 | VISAYAS STATE UNIVERSITY | 35943.00 | SG 16 | Reg-Perm | Yes |
| 01/01/2021 | 04/21/2024 | ASST PROF 2 | VISAYAS STATE UNIVERSITY | 38987.00 | SG 16-5 | Reg-Perm | Yes |
| 04/22/2024 | PRESENT | ASSOCIATE PROF 2 | VISAYAS STATE UNIVERSITY | 60000.00 | SG 20-6 | REG-PERM | YES |

| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S | | | | | | |
|--|---|---|--|--------------------|---|--|
| 29. | NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION / NATURE OF WORK | |
| | | From | To | | | |
| | | | | | | |
| SAFETY SERVICE INSTRUCTOR | | 12/01/2010 | 07/01/2013 | 5456.0 | SAFETY SERVICE INSTRUCTOR | |
| (Continue on separate sheet if necessary) | | | | | | |
| VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED | | | | | | |
| (Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions) | | | | | | |
| 30. | TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) | | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) |
| | | From | To | | | |
| | | | | | | |
| | WRITING AND PUBLISHING IN HIGH IMPACT JOURNAL | 01/11/2018 | 01/12/2018 | 16.0 | TECHNICAL | VSU COLLEGE OF NURSING |
| | TRAINING WORKSHOP IN PREPARATION FOR LEVEL II AACUP ACCREDITATION | 18/01/2018 | 19/01/2018 | 16.0 | TECHNICAL | VSU QAC OFFICE |
| | CAPACITY ENHANCEMENT ON HEALTH RESEARCH IN DISASTER: PHASE 1 | 13/02/2018 | 14/02/2018 | 16.0 | TECHNICAL | PCHRD DOST |
| | CAPACITY ENHANCEMENT ON HEALTH RESEARCH IN DISASTER: PHASE 2 | 20/03/2018 | 22/03/2018 | 24.0 | TECHNICAL | PCHRD DOST |
| | Resource Person, Research Training Workshop | 04/16/2018 | 04/17/2018 | 16.0 | TECHNICAL | Eastern Visayas State University- Ormoc City Campus |
| | WORKSHOP ON FRAMEWORK FOR HEALTH RESEARCH | 23/04/2018 | 24/04/2018 | 16.0 | TECHNICAL | PCHRD DOST |
| | Panelist, In-house Review | 07/02/2018 | 07/03/2018 | 16.0 | TECHNICAL | Eastern Visayas State University- Ormoc City Campus |
| | Journal Reviewer | 12/10/2019 | 12/20/2019 | | TECHNICAL | Patria Husada Blitar, Indonesia |
| | RESOURCE SPEAKER, RESEARCH: AN EXPRESSION OF CARING | 01/04/2019 | 01/04/2019 | 8.0 | TECHNICAL | SAN LORENZO RUIZ COLLEGE, ORMOC |
| | Resource Person, Training-workshop of crafting research paper for High Impact Journal | 02/26/2019 | 02/28/2019 | 32.0 | TECHNICAL | Eastern Visayas State University- Ormoc City Campus |
| | Resource Person, Training on the principles of teaching basic research | 04/29/2019 | 04/30/2019 | 16.0 | TECHNICAL | Eastern Visayas State University- Ormoc City Campus |
| | Resource Speaker, Skills Enhancement on Teacher's Research Development | 05/21-22/2019 | 08/08-09/2019 | 32.0 | TECHNICAL | Department of Education- Maasin City Division |
| | RESOURCE SPEAKER, INAUGURAL NATIONAL NURSING RESEARCH WEBINAR | 01/09/2010 | 01/09/2019 | 8.0 | TECHNICAL | NURSING FOR HUMANITY, AUSTRALIA |
| | Presenter, National Nursing Research Webinar | 11/23/2019 | 11/23/2019 | 8.0 | TECHNICAL | Beta Nu Delta nursing Society, Australia |
| | Journal Reviewer | 01/01/2020 | | | TECHNICAL | Nurse Education Today , Elsevier |
| | IM EVALUATOR FOR NRUSING AND HEALTH, EVHEI-FLC | 01/06/2020 | 01/06/2020 | 8.0 | TECHNICAL | EVHEI-FLC |
| | RESOURCE PERSON, DIVERSITY, EQUITY AND INCLUSION THIS COVID19 ERA | 01/07/2020 | 01/07/2020 | 8.0 | TECHNICAL | AIRLANGGA UNIVERSITY, INDONESIA |
| | Presenter, 2nd International Conference of Poverty Alleviation and Sustainable Development | 10/21/2020 | 10/23/2020 | 24.0 | TECHNICAL | Samar State University |
| | KEYNOTE SPEAKER, SDG 3 ON GODO HEALTH AND WELLBEING | 01/09/2020 | 01/09/2020 | 8.0 | TECHNICAL | LINCOLN UNIVERSITY, MALAYSIA |
| | Panel Reactor, Monitoring the Nation's Health Status by Analyzing Publicly Available Health Data Sets | 02/22/2020 | 02/22/2020 | 8.0 | TECHNICAL | Filipino Nursing Diaspora Network, Australia |
| | Resource Person, DYDC Special talk on Covid-19 pandemic | 06/10/2020 | 06/10/2020 | 8.0 | TECHNICAL | Visayas State University -DYDC |
| | Guest Lecturer, Medical-Surgical Nursing 1 | 09/28/2020 | 09/28/2020 | 8.0 | TECHNICAL | Universitas Airlangga, Surabaya, Indonesia |
| | Editor, Jurnal Ilmiah Kesehatan | 10/12/2020 | 10/12/2020 | 8.0 | TECHNICAL | Indonesia |
| | Research and Innovation for Accessible, Equitable and high-quality health solutions amidst global health crisis | 10/29/2020 | 10/30/2020 | 16.0 | TECHNICAL | Eastern Visayas Health Research and Development Consortium |
| | Resource Person, Basics of Action Research | 11/07/2020 | 11/07/2020 | 8.0 | TECHNICAL | The College of Maasin, Southern Leyte |
| | Presenter, Economy and Environment Group Philippines Conference | 11/19/2020 | 11/20/2020 | 16.0 | TECHNICAL | Southeast Asian Regional Center for Graduate Study and Research in Agriculture |
| | 2017 Omnibus Rules on Appointment and other Human Resource Actions (ORA-OHRA) Revised 2018 | 11/25/2020 | 11/27/2020 | 24.0 | TECHNICAL | Civil Service Commission |
| | FiND Webinar Series on Evidence-based community interventions for Diabetes and Hypertension among Filipino Americans: Global Implications | 02/27/2021 | 02/27/2021 | 8.0 | TECHNICAL | Filipino Nursing Diaspora Network, Australia |
| | TIEC-CHED Flexible Learning Foundation Virtual Conference | 03/15/2021 | 03/16/2021 | 16.0 | TECHNICAL | Visayas State University |
| | Writing Workshop on Preparation of Licensure Examination for Professional Teachers | 04/07/2021 | 04/12-13/2021 | 24.0 | TECHNICAL | Visayas State University |
| | Training Primer on Mental Health | 11/20/2021 | 11/20/2021 | 8.0 | TECHNICAL | Filipino Nursing Diaspora Network, Australian-ASEAN Council, DFAT |
| | Lecture on Ethics in Health Research | 12/01/2021 | 12/01/2021 | 8.0 | TECHNICAL | Eastern Visayas Health Research and Development Consortium |
| | SPARKS 2021 Conference | 11/27/2021 | 11/27/2021 | 8.0 | TECHNICAL | Our Lady of Fatima University |
| | 11th Hong Kong International Nursing Forum | 12/08/2021 | 12/09/2021 | 16.0 | TECHNICAL | Hong Kong University (LKS Faculty of Medicine) School of Nursing |
| | Associate Editor, Journal of Science and Technology | 01/02/2022 | present | | TECHNICAL | Biliran Province State University |
| | Heart for the Filipino: Pananaliksik Pangkalusugan para sa Pilipino | 01/17/2022 | 01/07/2022 | 8.0 | TECHNICAL | DOST- Philippine Council for Health Research and Development |
| | 35th AACUP Annual National Conference | 03/09/2022 | 03/11/2022 | 24.0 | TECHNICAL | AACUP INC |
| | Resource Speaker, 11th International Conference on Public Health | 05/28/2024 | 05/30/2024 | 24.0 | TECHNICAL | Universitas Sebelas Maret, Indonesia |
| | Resource Person, Writing publishable paper | 09/30/2024 | 10/04/2024 | 40.0 | TECHNICAL | West Visayas State University |
| | Resource Person, Mental Health Awareness | 10/24/2024 | 10/26/2024 | 24.0 | TECHNICAL | LEYECO IV , Ormoc City |
| | Participant, AACUP National Convention | 11/06/2024 | 11/08/2024 | 24.0 | TECHNICAL | AACUP INC, Cavite State University |
| | Member, CHED Philippine Delegation to Sustainable Meeting | 06/10/2024 | 06/14/2024 | 32.0 | TECHNICAL | CHED Central Office |
| (Continue on separate sheet if necessary) | | | | | | |
| VIII. OTHER INFORMATION | | | | | | |
| 31. | SPECIAL SKILLS and HOBBIES | 32. | NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) | |
| | Journal Editor, Manager | | 2022 EVHRDC Awards as Distinguished Health Researcher | | PHILIPPINE NURSES ASSOCIATION | |
| | Journal Reviewer | | | | Sigma Theta Tau International Honor Society of Nursing (Psi Beta Chapter) | |
| | Researcher | | | | | |
| | Extension Program Developer | | | | | |
| (Continue on separate sheet if necessary) | | | | | | |
| SIGNATURE | |  | | DATE | 14 Feb 2025 | |
| CS FORM 212 (Revised 2017), Page 3 of 4 | | | | | | |

| <p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> | | | | | | | | | | | | |
|--|--|--|--|--------------------------|--|---|----------------------|---------------------------------|--------------------|----------------------|-----------------------------|-------------------|----------------------|
| <p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p> | | | | | | | | | | | | |
| <p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> | | | | | | | | | | | | |
| <p>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?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> | | | | | | | | | | | | |
| <p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> | | | | | | | | | | | | |
| <p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p> | | | | | | | | | | | | |
| <p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p> | <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> | | | | | | | | | | | | |
| <p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DR. JOSHUE ZURIEL TIEMPO</td> <td>MACROHON SO. LEYTE</td> <td>0917-881-0565</td> </tr> <tr> <td>BISHOP DULCE PIA-ROSE</td> <td>MAASIN CITY</td> <td>0922-590-4678</td> </tr> <tr> <td>PROF PERLA MALAZARTE</td> <td>ORMOC CITY</td> <td>0917-306-3544</td> </tr> </tbody> </table> | | NAME | ADDRESS | TEL. NO. | DR. JOSHUE ZURIEL TIEMPO | MACROHON SO. LEYTE | 0917-881-0565 | BISHOP DULCE PIA-ROSE | MAASIN CITY | 0922-590-4678 | PROF PERLA MALAZARTE | ORMOC CITY | 0917-306-3544 |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | |
| DR. JOSHUE ZURIEL TIEMPO | MACROHON SO. LEYTE | 0917-881-0565 | | | | | | | | | | | |
| BISHOP DULCE PIA-ROSE | MAASIN CITY | 0922-590-4678 | | | | | | | | | | | |
| PROF PERLA MALAZARTE | ORMOC CITY | 0917-306-3544 | | | | | | | | | | | |
| <p>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.</p> | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td style="padding: 2px;">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td style="padding: 2px;">Government Issued ID: PRC ID- 0611418</td> </tr> <tr> <td style="padding: 2px;">ID/License/Passport No.:</td> </tr> <tr> <td style="padding: 2px;">Date/Place of Issuance: TACLOBAN CITY</td> </tr> </table> | Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) | PLEASE INDICATE ID Number and Date of Issuance | Government Issued ID: PRC ID- 0611418 | ID/License/Passport No.: | Date/Place of Issuance: TACLOBAN CITY | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 80px; vertical-align: middle;"> </td> </tr> <tr> <td style="text-align: center; padding: 2px;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center; padding: 2px;">14 Feb 2025</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Date Accomplished</td> </tr> </table> | | Signature (Sign inside the box) | 14 Feb 2025 | Date Accomplished | | | |
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) | | | | | | | | | | | | | |
| PLEASE INDICATE ID Number and Date of Issuance | | | | | | | | | | | | | |
| Government Issued ID: PRC ID- 0611418 | | | | | | | | | | | | | |
| ID/License/Passport No.: | | | | | | | | | | | | | |
| Date/Place of Issuance: TACLOBAN CITY | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Signature (Sign inside the box) | | | | | | | | | | | | | |
| 14 Feb 2025 | | | | | | | | | | | | | |
| Date Accomplished | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 100px; vertical-align: bottom; text-align: center;"> <p>Person Administering Oath</p> </td> <td style="width: 40%; height: 100px; vertical-align: bottom; text-align: center;"> <p>Right Thumbmark</p> </td> </tr> </table> | | <p>Person Administering Oath</p> | <p>Right Thumbmark</p> | | | | | | | | | | |
| <p>Person Administering Oath</p> | <p>Right Thumbmark</p> | | | | | | | | | | | | |
| <p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> | | | | | | | | | | | | | |



PHOTO