

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	CAPUNO		
FIRST NAME	CHRISTELLE VENUS		NAME EXTENSION (JR., SR)
MIDDLE NAME	FELICILDA		
3. DATE OF BIRTH (mm/dd/yyyy)	7/14/94	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"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Apt 42 Kilbourne House/Block/Lot No. Street VSU Campus Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	1.63	ZIP CODE	6521
8. WEIGHT (kg)	70		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	Apt 42 Kilbourne House/Block/Lot No. Street VSU Campus Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
10. GSIS ID NO.	None yet	ZIP CODE	6521
11. PAG-IBIG ID NO.	None yet		
12. PHILHEALTH NO.	01-026597931-4		
13. SSS NO.	None yet	19. TELEPHONE NO.	(053) 563-8935
14. TIN NO.	605-268-653	20. MOBILE NO.	+639175775747
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	venuscapuno.md@gmail.com

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	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	CAPUNO			
FIRST NAME	OTHELLO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	BATULAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	FELICILDA			
FIRST NAME	RUFINA			
MIDDLE NAME	LAGUMBAY		(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	Visca Foundation Elementary School	Primary Education	2001	2007	Grade VI	2007	Class Valedictorian Best in Leadership
SECONDARY	Visayas State University Laboratory High School	High School	2007	2011	Fourth Year	2011	With High Honors
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	University of Santo Tomas	Bachelor of Science in Pharmacy	2011	2015	288	2015	None
GRADUATE STUDIES	University of the East Ramon Magsaysay Memorial Medical Center Inc.	Doctor of Medicine	2016	2020		2020	None

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 23, 2022
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IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
Pharmacists' Licensure Exam		July 18-19, 2022	Manila, Philippines	67549	7/14/18
Physicians' Licensure Exam		October 30-31, November 1-2, 2021	Manila, Philippines	156881	7/14/24

(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.

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE

DATE

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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		
	Alliance for Improving Health Outcomes Inc. (AIHO) Room 406, Veria 1 Building, #62 West Avenue, West Triangle, Quezon City 1104	7/16/18	7/20/18	40.0	Immersion at Limasawa, Southern Leyte
	UERM MedKom 64 Aurora Blvd. Doña Imelda, Quezon City Philippines 1113	3/24/18	3/24/18	8.0	Medical Mission at Rodriguez, Rizal
	TFUC Task Force Paghihilom, Kadamay-Pandi and UERM MedKom 64 Aurora Blvd. Doña Imelda, Quezon City Philippines 1113	4/13/19	4/13/19	8.0	Medical Mission at Pandi, Bulacan

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(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)
Computer savvy		UERM MedKom
Sports enthusiast		Junior Pharmacists' Association
Basic Korean and Italian language		Faculty of Pharmacy Student Council

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

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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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____
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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
Dr. Kenneth E. Cantalejo	Lot 4D Blk 26 Chestnut Street West Fairview Subd., Fairview, Quezon City	9064872328
Dr. Reuben A. Candelario	Block 33, Lot 29 Soldiers Village, Putatan Muntinlupa City	9174759524

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.



PHOTO

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i>	
Government Issued ID:	PRC
ID/License/Passport No.:	156881 (11/23/2021)
Date/Place of Issuance:	PICC, Manila

Signature (Sign inside the box)
20 Aug 2022
Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath