

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	CABELIN		
FIRST NAME	ROLANDO	JR	
MIDDLE NAME	SARASOLA		
3. DATE OF BIRTH (mm/dd/yyyy)	AUGUST 8, 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	QUEZON CITY, PHILIPPINES	If holder of dual citizenship, please indicate the details.	Philippines
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:	17. RESIDENTIAL ADDRESS	LOT 9994-B-1 VENUS House/Block/Lot No. Street Subdivision/Village PAWING Barangay PALO LEYTE City/Municipality Province
7. HEIGHT (m)	1.68	ZIP CODE	6501
8. WEIGHT (kg)	64.8		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	COR. JUAN LUNA AND ROXAS STREETS House/Block/Lot No. Street Subdivision/Village CAYARE Barangay SAN MIGUEL LEYTE City/Municipality Province
10. GSIS ID NO.	2004878480	ZIP CODE	6518
11. PAG-IBIG ID NO.	913058118168		
12. PHILHEALTH NO.	13-025135060-5	19. TELEPHONE NO.	053-3005031
13. SSS NO.	06-3091037-9	20. MOBILE NO.	+63 975 3994008
14. TIN NO.	406-750-179	21. E-MAIL ADDRESS (if any)	rolandcabelin@gmail.com
15. AGENCY EMPLOYEE NO.	16C080243		

II. FAMILY BACKGROUND

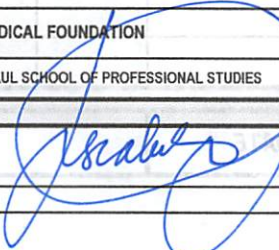
22. SPOUSE'S SURNAME	ARGENIO-CABELIN		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	KRISTEEN JOY	N/A	ROLANDO A. CABELIN III	11/24/2017
MIDDLE NAME	EULIN		RAFAEL PIERRE A. CABELIN	11/26/2019
OCCUPATION	PHYSICIAN			
EMPLOYER/BUSINESS NAME	EASTERN VISAYAS MEDICAL CENTER			
BUSINESS ADDRESS	TACLOBAN CITY			
TELEPHONE NO.	053-3005031			
24. FATHER'S SURNAME	CABELIN			
FIRST NAME	ROLANDO	N/A		
MIDDLE NAME	MARTIN			
25. MOTHER'S MAIDEN NAME				
SURNAME	SARASOLA			
FIRST NAME	MARIA LUISA			
MIDDLE NAME				

(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	ST. THERESA'S SCHOOL OF BAESA	PRIMARY EDUCATION	1995	2001	GRADUATED	2001	N/A
SECONDARY	HOLY INFANT COLLEGE	HIGH SCHOOL	2001	2005	GRADUATED	2005	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	RTR MEDICAL FOUNDATION	BACHELOR OF SCIENCE IN NURSING	2005	2009	GRADUATED	2009	N/A
GRADUATE STUDIES	SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES	JURIS-DOCTOR PROGRAM	2019	PRESENT	105 UNITS	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	DECEMBER 19, 2022
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

(Cont)

DATE _____

DECEMBER 19, 2022

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		
	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

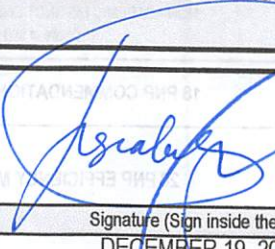
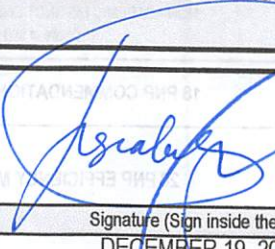
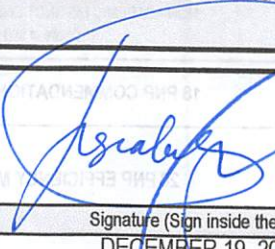


VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION		MEMBERSHIP IN

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
DRIVING	18 PNP COMMENDATION MEDALS	PHILIPPINE NURSES ASSOCIATION
SWIMMING	28 PNP EFFICIENCY MEDALS	ALTERNATIVE CHANNEL COORDINATING EMERGENCY SUPPORT SERVICES-5
READING BOOKS	1 MEDALYA NG PAGTULONG SA NASALANTA	RTR MEDICAL FOUNDATION ALUMNI ASSOCIATION
	1 MEDALYA NG PAGKILALA	NON UNIFORMED PERSONNEL ASSOCIATION, INC.
	8 LETTERS OF COMMENDATIONS	HOLY INFANT COLLEGE ALUMNI ASSOCIATION
(Continue on separate sheet if necessary)		
SIGNATURE	DATE	DECEMBER 19, 2022

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>RESIGNATION/END OF TERM</u>									
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)										
<table border="1"><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>RET. HON. JUSTICE VICENTE S.E. VELOSO III</td><td>SAN MIGUEL, LEYTE</td><td>0945-4856169</td></tr><tr><td>PMAJ TED V. PREJULA</td><td>TACLOBAN CITY</td><td>0917-6254442</td></tr></tbody></table>	NAME	ADDRESS	TEL. NO.	RET. HON. JUSTICE VICENTE S.E. VELOSO III	SAN MIGUEL, LEYTE	0945-4856169	PMAJ TED V. PREJULA	TACLOBAN CITY	0917-6254442	
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PMAJ TED V. PREJULA	TACLOBAN CITY	0917-6254442								
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.										
<table border="1"><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: LTO DRIVER'S LICENSE</td></tr><tr><td>ID/License/Passport No.: HO2-20-004464</td></tr><tr><td>Date/Place of Issuance: 10/15/2020 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: LTO DRIVER'S LICENSE	ID/License/Passport No.: HO2-20-004464	Date/Place of Issuance: 10/15/2020 TACLOBAN CITY	<table border="1"><tr><td>Signature (Sign inside the box) </td></tr><tr><td>DECEMBER 19, 2022</td></tr><tr><td>Date Accomplished</td></tr></table>	Signature (Sign inside the box) 	DECEMBER 19, 2022	Date Accomplished		
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DECEMBER 19, 2022										
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<div><div> Right Thumbmark </div><div><p>SUBSCRIBED AND SWORN to before me this <u>19</u> day of <u>DECEMBER</u>, 2022</p><p>No. <u>399</u> Page No. <u>81</u> Book No. <u>XXIV</u> Series of <u>2022</u></p><p>ATTY. BARBETTE JOANNE B. REPOSAR NOTARY PUBLIC for Tacloban City and Leyte NC 2021-07-81, Until December 31, 2022 Montejo St., and Cor. Pio Pedrosa Ave., Brgy. Sta. Cruz Palo, Leyte Roll No. 72338/ June 14, 2019 IBP No. 195509/ January 4, 2022 Person Administering Oath PDR No. 58233/ January 03, 2022, Palo, Leyte MCLE No. VII-0005023/ July 16, 2021/ Pasig City</p></div></div>										