CS Form No. 212 Revised 2017	PERSO	NAL DAT	A SH	IEE1	Γ				
WARNING: Any misrepresentat	ion made in the Personal Data Sheet and the W	Vork Experience Sheet shall	cause the filin	g of adminis	strative/crim	ninal case/s again	st the person	concerned.	
	TO FILLING OUT THE PERSONAL DATA SHEE			PDS FORM.					
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO	(and use separate sheet if necessary. Indicate N/	A if not applicable. DO NOT AB	BREVIATE.		1. CS ID No.		(Do not fill up. I	For CSC use only	
2. SURNAME	ORAPA								
FIRST NAME	RONNA VIC		NAME EXTENSION (JR., SR)						
MIDDLE NAME	ROMA VIO								
3. DATE OF BIRTH	NOVEMBER 24, 1999	16. CITIZENSHIP							
(mm/dd/yyyy)	NOVENIDEN 24, 1999	IO. OTTIZENOTIII	✓ Filipino			Dual Citizenship ☐ by birth ☐ by naturalization			
4. PLACE OF BIRTH	PLARIDEL BAYBAY CITY LEYTE	If holder of dual citizenship,		Pls. indicate country:					
5. SEX	☐ Male ☐ Female	please indicate the de	etails.					•	
6 CIVIL STATUS	✓ Single	17. RESIDENTIAL ADDRESS		PUROK 7		CASILI-ON			
	☐ Widowed ☐ Separated ☐ Other/s:		Hou	House/Block/Lot No.			Street PLARIDEL		
7. HEIGHT (m)	152	-		bdivision/Village BAYBAY	9		Barangay LEYTE		
,	·	7/0.0005	City/Municipality			Province			
8. WEIGHT (kg)	46	ZIP CODE 18. PERMANENT ADDRESS	6521 PUROK 7		CASILI-ON				
9. BLOOD TYPE	N/A	10. I ERWANENT ADDRESS		se/Block/Lot N	0.		Street		
10. GSIS ID NO.	N/A		Sul	bdivision/Village	9		PLARIDEL Barangay		
11. PAG-IBIG ID NO.	N/A		C	BAYBA ity/Municipality	Υ		LEYTE Province		
12. PHILHEALTH NO.	N/A	ZIP CODE		6521					
13. SSS NO.	N/A	19. TELEPHONE NO.							
14. TIN NO.	N/A	20. MOBILE NO.	096585			8524903			
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	ronnababes951@gmail.com				com		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME			23. NAME of CH	ILDREN (Write	e full name and	list all)	DATE OF BIRT	ΓΗ (mm/dd/yyyy)	
FIRST NAME		NAME EXTENSION (JR., SR)							
MIDDLE NAME									
OCCUPATION									
EMPLOYER/BUSINESS NAME									
BUSINESS ADDRESS									
TELEPHONE NO.									
24. FATHER'S SURNAME		NAME EVTENCION / ID CD)							
FIRST NAME		NAME EXTENSION (JR., SR)							
MIDDLE NAME									
25. MOTHER'S MAIDEN NAME	CABIGAS								
SURNAME	LERIOS								
FIRST NAME	BENNY VICTORIA			(Continue on separate sheet if necessary)					
MIDDLE NAME III. EDUCATIONAL BACKGI	ORAPA			(C	ontinue on se	parate sneet it neces	sary)	_	
				DEDIOD OF	ATTENDANCE	HIGHEST LEVEL/		SCHOLARSHIP/	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		PERIOD OF ATTENDANCE From To		UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	PLARIDEL CENTRAL SCHOOL			2011	2012		2012		
SECONDARY	PLARIDEL NATIONAL HIGH SCHOOL			2015	2016		2016		
SENIOR HIGHSCHOOL	VISAYAS STATE UNIVERSITY (MAIN)	HUMANITIES AND SOCIAL SCIENCE		2018	2019		2019		
COLLEGE	VISAYAS STATE UNIVERSITY (MAIN)	ELEMENTARY EDUCATION		2021	2022		2022		
GRADUATE STUDIES									
	(0	Continue on separate sheet if nece	essary)	I		I			
SIGNATURE				DA	TE	I			