

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 if not applicable)

I. PERSONAL INFORMATION


2. SURNAME	BECHER			
FIRST NAME	GINALYN		NAME EXTENSION (JR., SR)	
MIDDLE NAME	MUÑOZ			
3. DATE OF BIRTH (mm/dd/yyyy)	SEPTEMBER 24,1998	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	LANGKAS, DALAGUETE, CEBU	If holder of dual citizenship, please indicate the details.	Philippines	
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		
7. HEIGHT (m)	1.5	ZIP CODE	House/Block/Lot No. Street LANGKAS Subdivision/Village Barangay DALAGUETE CEBU City/Municipality Province	
8. WEIGHT (kg)	50		6022	
9. BLOOD TYPE	O+		18. PERMANENT ADDRESS	
10. GSIS ID NO.	N/A		ZIP CODE	House/Block/Lot No. Street LANGKAS Subdivision/Village Barangay DALAGUETE CEBU City/Municipality Province
11. PAG-IBIG ID NO.	121253503176	6022		
12. PHILHEALTH NO.	12-251245250-5	19. TELEPHONE NO.		N/A
13. SSS NO.	06-4348002-9	20. MOBILE NO.		09633643710
14. TIN NO.	750-076-796-000	21. E-MAIL ADDRESS (if any)	ginalynmbecher@gmail.com	
15. AGENCY EMPLOYEE NO.	N/A			

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	BECHER			
FIRST NAME	CONRADO (DECEASED)	NAME EXTENSION (JR., SR)		
MIDDLE NAME	REQUINA			
25. MOTHER'S MAIDEN NAME				
SURNAME	MUÑOZ			
FIRST NAME	ISABEL			
MIDDLE NAME	FAJARDO		(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
			From	To		
ELEMENTARY	LANGKAS ELEMENTARY SCHOOL	ELEMENTARY	2005	2011	GRADUATED	2011
SECONDARY	MANTALONGON NATIONAL HIGH SCHOOL	SECONDARY	2011	2015	GRADUATED	2015
COLLEGE	CEBU TECHNOLOGICAL UNIVERSITY-ARGAO CAMPUS	BACHELOR DEGREE (BACHELOR OF SCIENCE IN AGRICULTURE MAJOR IN AGRONOMY)	2015	2019	GRADUATED	2019

GRADUATE STUDIES	VISAYAS STATE UNIVERSITY MAIN CAMPUS	MASTERS OF SCIENCE MAJOR IN AGRONOMY	2021	2024	GRADUATED	2024
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	July 8, 2024	

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For CSC use only)

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7H (mm/dd/yyyy)

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(Continue on separate sheet if necessary)

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(Continue on separate sheet if necessary)

SIGNATURE



DATE

July 8, 2024

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
		From	To		
	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

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMORABLE EXPERIENCES
COMMUNITY ORGANIZING, COMPUTER LITERATE	N/A	

(Continue on separate sheet if necessary)		
SIGNATURE		DATE

[illegible]

July 8, 2024

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.
PROF. BERTA C. RATILLA, PhD.	VISCA BAYBAY CITY LEYTE	053-563-7123
PROF. RENE JANE G. ALESNA, MSc.	CTU-ARGAO CAMPUS	9465766044
PROF. REYNILDA R. BAOY, MSc.	CTU-ARGAO CAMPUS	9235751678
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.		

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: TIN
ID/License/Passport No.: 750-076-796-000
Date/Place of Issuance: BIR CEBU

Signature (Sign inside the box)
July 8, 2024
Date Accomplished

BECHER, GINALYN M.

Right Thumbmark

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

Person Administering Oath