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 c

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. I PERSONAL INFORMATION 2. SURNAME **BECHER** NAME EXTENSION (JR., SR) FIRST NAME **GINALYN** MUÑOZ MIDDLE NAME 3. DATE OF BIRTH **SEPTEMBER 24,1998** 16. CITIZENSHIP **▼** Filipino □ Dual Citizenship (mm/dd/yyyy) □ by birth □ by naturalizat 4. PLACE OF BIRTH LANGKAS, DALAGUETE, CEBU If holder of dual citizenship, Pls. indicate country: please indicate the details ▼ Female 5 SFX ☐ Male Philippines ✓ Single ☐ Married 17. RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No. Street Separated LANGKAS Other/s: Subdivision/Village Barangay DALAGUETE CEBU 7. HEIGHT (m) 1.5 City/Municipality Province 8. WEIGHT (kg) 50 ZIP CODE 6022 18. PERMANENT ADDRESS 9. BLOOD TYPE O+ House/Block/Lot No. Street LANGKAS 10. GSIS ID NO. N/A Subdivision/Village Barangay DALAGUETE CEBU 11. PAG-IBIG ID NO. 121253503176 City/Municipality Province 12-251245250-5 ZIP CODE 12. PHILHEALTH NO 6022 13. SSS NO. 06-4348002-9 19. TELEPHONE NO. N/A 14 TIN NO 750-076-796-000 20. MOBILE NO. 09633643710 15. AGENCY EMPLOYEE NO. 21. E-MAIL ADDRESS (if any) N/A ginalynmbecher@gmail.com FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRT NAME EXTENSION (JR SR) N/A FIRST NAME N/A MIDDLE NAME N/A OCCUPATION N/A Ν/Δ EMPLOYER/BUSINESS NAME BUSINESS ADDRESS N/A N/A TELEPHONE NO 24. FATHER'S SURNAME **BECHER** NAME EXTENSION (JR., SR) FIRST NAME CONRADO (DECEASED) REQUINA MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME MUÑOZ FIRST NAME ISABEL MIDDLE NAME **FAJARDO** (Continue on separate sheet if necessary) III. EDUCATIONAL BACKGROUND HIGHEST LEVEL/ 26. BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE NAME OF SCHOOL YFAR UNITS EARNED LEVEL GRADUATED (Write in full) (Write in full) (if not graduated) From To **ELEMENTARY** LANGKAS ELEMENTARY SCHOOL **ELEMENTARY** 2005 2011 **GRADUATED** 2011 SECONDARY MANTALONGON NATIONAL HIGH SCHOOL **SECONDARY** 2011 2015 **GRADUATED** 2015 **BACHELOR DEGREE (BACHELOR OF** CEBU TECHNOLOGICAL UNIVERSITY-ARGAO COLLEGE SCIENCE IN AGRICULTURE MAJOR IN 2015 2019 **GRADUATED** 2019 CAMPUS AGRONOMY)

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

CS FORM 212 (Revised

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1 2017), Page 1 of 4

IV. CIVIL SI	ERVICE ELIG	iBILITY							
	ER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if ap	oplicable)
BA		WS/ CES/ CSEE ITY / DRIVER'S LICENSE	(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMIN	ATION / CONFERM	MENT	NUMBER	Date of Validity
	RA 1080 (Bo	oard Exam)	79.0	NOV. 5-7,2019	CEE	BU CITY		0033612	12/19/2026
			(0	ontinue on separate shee	t if necessary)				
	XPERIENCE ate employmer	nt. Start from your recent	work) Description	of duties should be	indicated in the attached	Work Experie	nce sheet.		
28. INCLU	JSIVE DATES m/dd/yyyy) To	POSITION T (Write in full/Do not	ITLE	DEPARTMENT / AGE	ENCY / OFFICE / COMPANY I/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
29/08/2023	15/01/2024	PART-TIME INST	RUCTOR	CTU-Tul	buran Campus	Php12,000.00		CONTRACTUAL	Υ
02/02/2021	30/06/2021	ENUMERA [*]	TOR	DA R	-7 (RSBSA)			CONTRACTUAL	Y
16/09/2020	16/10/2020	ENCODE	R	DSWD R-7	(SWDI Program)			CONTRACTUAL	Y
20/07/2020	15/08/2020	VERIFIE	R	DSWD R-7 (Listahan Program)			CONTRACTUAL	Y
28/02/2020	28/03/2020	ENCODE	R	DSWD R-7 (Listahan Program)			CONTRACTUAL	Υ
30/06/2019	30/09/2019	ESL INSTRU	CTOR	3D /	ACADEMY	Php8,500.00		CONTRACTUAL	N
						1			
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(Continue on separate sheet if necessary)				
SIGNATURE	Sing.		DATE	July 8, 2024

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VI. VOLUNTARY WORK OR INVOLVEMENT	IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY (DRGANIZATIO	ON/S	
29. NAME & ADDRESS OF OF	RGANIZATION	INCLUSIV	/E DATES			
(Write in full)		-	d/yyyy)	NUMBER OF HOURS		POSITIO
		From	То			
N/A		N/A	N/A	N/A		
	(Cont	tinue on separate si	heet if necessary)	•		
VII. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING P	ROGRAMS AT	TENDED			
(Start from the most recent L&D/training program and include	e only the relevant L&D/training taken for t	he last five (5) year:	s for Division Chie	f/Executive/Manag	erial positions)	
			DATES OF		Type of LD	
30. TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)			DANCE d/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/	
(······		From	То		Technical/etc)	
INTERNATIONAL WORKSHOP ON RESEARCH M	IANUSCRIPT DRAFTING AND	20/11/2023	28/11/2023	36	TECHNICAL	EUDO
PATENT FILING PROCESS						
2ND INTERNATIONAL VIRTUAL CONGRESS ANI	D PAA 2022 AGRICULTURISTS'	21/07/2023	23/07/2023		TECHNICAL	P
SUMMIT						A
2ND STUDENT LEADERSHIP CAMP		18/11/2019	20/11/2019	24	TECHNICAL	CEBU TEC
1ST REGIONAL CONFERENCE/MEETING AND EI		06/12/2019	06/12/2019	5	TECHNICAL	PI
PHILIPPINE ASSOCIATION OF AGRICULTURISTS	o (PAA)					A
						<u> </u>
	(Cont	tinue on separate si	heet if necessary)			
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN		NITION		33. MEM
COMMUNITY ORGANIZING, COMPUTER LITERATE		(Write	iii luii)			
- Same of the Charles		IV/A				

	(Continue on separate sheet if necessary)		
SIGNATURE	The state	DATE	

)N / NATURE OF WORK
N/A
CONDUCTED/ SPONSORED BY (Write in full)
XIA RESEARCH CENTRE (Online Workshop)
HILIPPINE ASSOCIATION OF
GRICULTURISTS (PAA) INC. CHNOLOGICAL UNIVERSITY-ARGAO
CAMPUS HILIPPINE ASSOCIATION OF
GRICULTURISTS (PAA) INC.
BERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A

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34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care	supervision over you in the Office,		☑ NO ☑ NO :	
35. a. Have you ever been found guilty of any administrative offense?			YES I	☑ NO :	
b. Have you been criminally charged before any court?			☐ YES If YES, give details Date Filed: Status of Case/s:	▼ NO :	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?			☐ YES If YES, give details	☑ NO :	
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?			☐ YES If YES, give details	☑ NO :	
38.	a. Have you ever been a candidate in a national or local electron Barangay election)?	tion held within the last year (except	☐ YES If YES, give detai	✓ NO	
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?			☐ YES ☑ NO If YES, give details:		
39. Have you acquired the status of an immigrant or permanent resident of another country?			☐ YES If YES, give details	☑ NO (country):	
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magi 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p				
a.	Are you a member of any indigenous group?	_	☐ YES	☑ NO	
b.	Are you a person with disability?		If YES, please specify YES If YES, please specify	✓ NO	
C.	Are you a solo parent?		☐ YES If YES. please specify	☑ NO ID No:	
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /a	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 complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represer agree that any misrepresentation made in this docur administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the ed herein.	BECHER, GINALYN M.	
P	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: TIN	An			
ID	//License/Passport No.: 750-076-796-000	Signature (Sign inside the bo	ox)		
Da	ate/Place of Issuance: BIR CEBU	July 8, 2024 Date Accomplished		Right Thumbmark	
	SUBSCRIBED AND SWORN to before me this	, affiant exhibiti	ng his/her validly issued o	government ID as indicated above.	

Dargan Administrating Oath	
Person Administering Oath	

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