

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. CSID No. (Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	ALDE		
FIRST NAME	MANNYLEN	NAME EXTENSION (JR, SR) NA	
MIDDLE NAME	COLES		
3. DATE OF BIRTH (mm/dd/yyyy)	11/08/1990	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BORONGAN EASTERN SAMAR	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Philippines
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	BRGY. BATONG MALAKE
7. HEIGHT (m)	1.53 m	ZIP CODE	LOS BANOS, LAGUNA
8. WEIGHT (kg)	52 kg		9030
9. BLOOD TYPE	B		18. PERMANENT ADDRESS
10. GSIS ID NO.	N/A	ZIP CODE	LIMBAUAN ST. EXTENSION, CAMPESAO
11. PAG-IBIG ID NO.	N/A		BORONGAN EASTERN SAMAR
12. PHILHEALTH NO.	13-025160815-7		6800
13. SSS NO.	N/A	19. TELEPHONE NO.	
14. TIN NO.	457-368-261	20. MOBILE NO.	09758791734
15. AGENCY EMPLOYEE NO.	V00878	21. E-MAIL ADDRESS (if any)	aldemannylen@yahoo.com and mcalde@up.edu.ph

II. FAMILY BACKGROUND

22. SPOUSES SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME			N/A	NA
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	ALDE			
FIRST NAME	EMMANUEL SR.			
MIDDLE NAME	BALANO			
25. MOTHER'S MAIDEN NAME				
SURNAME	COLES			
FIRST NAME	TERESITA			
MIDDLE NAME	ARMA			

(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	EUGENIO S. DAZA PILOT ELEMENTARY SCHOOL	ELEMENTARY	1997	2003		2003	ACADEMIC AWARD
SECONDARY	EASTERN SAMAR NATIONAL COMPREHENSIVE HIGH SCHOOL	HIGH SCHOOL	2003	2007		2007	ACADEMIC AWARD
VOCATIONAL / TRADE COURSE	NA						
COLLEGE	UNIVERSITY OF THE PHILIPPINES VISAYAS TACLOBAN COLLEGE	BACHELOR OF SCIENCE BIOLOGY	2007	2011		2011	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE in PLANT PATHOLOGY	2011	2015		2015	
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES LOS BANOS	DOCTOR OF PHILOSOPHY in ENTOMOLOGY	2016	PRESENT	39 UNITS		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	NOVEMBER 15, 2019
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[illegible][illegible]




29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
N/A	NA				

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

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD ( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32.	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Driving and Reading	NA	Organic Agricultural Society Inc
		Philippine Phytopathological Society
		International Society of Southeast Asian Agricultural Science

SIGNATURE		DATE	NOVEMBER 15, 2019
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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)?

☐ YES ☒ NO  
☐ YES ☒ 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?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

☐ YES ☒ 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?

☐ YES ☒ 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?

☒ YES ☐ NO  
If YES, give details: \_\_\_\_\_  
finished contract as Research Assistant

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?

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

☐ YES ☒ NO  
If YES, give details: \_\_\_\_\_

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ NO  
If YES, give details (country): \_\_\_\_\_

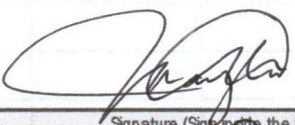
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:  
Are you a member of any indigenous group?  
Are you a person with disability?  
Are you a solo parent?

☐ YES ☒ NO  
If YES, please specify: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, please specify ID No: \_\_\_\_\_  
☐ YES ☒ NO  
If YES, please specify ID No: \_\_\_\_\_

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
RUBEN M. GAPASIN	DPM, VSU, VISCA, BAYBAY CITY	
JESUSITO L. LIM	DPM, VSU, VISCA, BAYBAY CITY	

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.) PLEASE INDICATE ID Number and Date of Issuance
Government Issued ID: VSU ID
ID/License/Passport No.: V00878
Date/Place of Issuance: 2015/VSU, BAYBAY LEYTE


Signature (Sign inside the box)
11/15/2019
Date Accomplished



SUBSCRIBED AND SWORN to before me this

NOV 18 2019

ATTY. EDEN B. GRAVEZ-BUTAWAN  
Notary Public for the Province of Leyte, City of Baybay

N. C. No. B-19-01-04, February 6, 2019  
Until December 31, 2020

R. Magsaysay Avenue, Baybay City, Leyte

PTR No. 2765614-01/03/19

IBP No. 867932-01/11/19

Person Administering Oath

Roll No. 42391

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Page No. 104;  
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