CS Form No. 212 Revised 2017	PERSOI	NAL DAT	A SI	HEET				
WARNING: Any misrepresenta concerned.	ation made in the Personal Data Sheet and the	Work Experience Sheet sha	II cause the t	filing of administra	tive/criminal case/s ag	gainst the pers	son	
READ THE ATTACHED GUIDE	TO FILLING OUT THE PERSONAL DATA SHE			DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	213	(Do not fill up	For CCC use only	
Print legibly. Tick appropriate boxe I. PERSONAL INFORMATION II. PERSONAL INFORMATION II. PERSONAL INFORMATION II. PERSONAL INFORMATION III. PERSONAL I	es () and use separate sheet if necessary. Indicate	N/A if not applicable. DO NOT	ABBREVIATE	1. CS I	J No.	(Do not fill up.	For CSC use only	
2 SURNAME	ARMECIN							
FIRST NAME	ROMEL		NAME EXTENSION (JR., SR)					
MIDDLE NAME	BRIGOLI			H-7				
3. DATE OF BIRTH								
(mm/dd/yyyy)	6/29/1966	16. CITIZENSHIP	i. CITIZENSHIP		Filipino Dual Citizenship			
4. PLACE OF BIRTH	Sogod, Cebu	If holder of dual citizer	nship.			by birth by naturalization Pls. indicate country:		
E OFV	✓ Male Female	please indicate the details.						
5. SEX		47 050050744 4000500		A-4-847		Kilhauma Deiva		
6 CIVIL STATUS	Single ✓ Married Widowed Separated	17. RESIDENTIAL ADDRESS	Apt #17 House/Block/Lot No.			Kilbourne Drive Street		
	Other/s:			VSU Compound Subdivision/Village		Pangasugan Barangay		
7. HEIGHT (m)	1.52			Baybay	Baybay		Leyte	
8. WEIGHT (kg)	70.0	ZIP CODE		City/Municipality	6521-A	Province 6521-A		
9. BLOOD TYPE	0	18. PERMANENT ADDRESS		Apt #17		Kilbourne Drive		
10. GSIS ID NO.	2001715491			ouse/Block/Lot No. VSU Compound		Street Pangasugan		
IV. GOIO ID NO.	2001713491	and a complete the	S	Subdivision/Village		Barangay		
11. PAG-IBIG ID NO.		Marin Company		Baybay City/Municipality	7	Leyte Province		
12. PHILHEALTH NO.	13-000014963-3	ZIP CODE		6521-A				
13. SSS NO.	n/a	19. TELEPHONE NO.	Part Independent Control		(053) 563 7012	(053) 563 7012		
14. TIN NO.	116-622-789	20. MOBILE NO.	A MENINERS		09199925099		ale ti	
5. AGENCY EMPLOYEE NO.	20-484	21. E-MAIL ADDRESS (if any)	The second	rbarmecin@vsu.edu.ph				
II. FAMILY BACKGROUNI	D					州 1995年	VIII.	
22. SPOUSE'S SURNAME	Armecin		23. NAME of C	HILDREN (Write full nan	ne and list all)	DATE OF BIR	RTH (mm/dd/yyyy)	
FIRST NAME	Brigida	NAME EXTENSION (JR., SR)		Ladie Genesis B.	Armecin	1/10/1995		
MIDDLE NAME	Bitancor					1		
OCCUPATION	none					4		
EMPLOYER/BUSINESS NAME	n/a							
BUSINESS ADDRESS	n/a	-4. (5) 8.7(2) -7(1)			- [
TELEPHONE NO.	(053) 563 7012							
24. FATHER'S SURNAME	Armecin							
FIRST NAME	Dominador (deceased)	NAME EXTENSION (JR., SR)						
MIDDLE NAME	Comaingking							
5. MOTHER'S MAIDEN NAME	Brigoli							
SURNAME	Armecin							
FIRST NAME	Irene (deceased)							
MIDDLE NAME	Bracero			(Continue on separate sheet if necessary)				
II. EDUCATIONAL BACK								
26.	NAME OF SCHOOL	BASIC EDITICATION/DEGRE	EICOLIDSE	PERIOD OF ATTENDA	ANCE HIGHEST LEVEL/	VEAD	SCHOLARSHIP/	
LEVEL	(Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)		TENOS OF MITERIO	UNITS EARNED	YEAR GRADUATED		
				From T	(if not graduated)		RECEIVED	

Enouverted SECONDARY Juan Dosado Memorial School High School diploma 3/31/1983 1983 6/1/1979 with honors VOCATIONAL / TRADE COURSE COLLEGE Visayas State College of Agriculture BS in Agriculture (major in Soil Science) 6/1/1983 4/2/1987 1987 Gooduated GRADUATE STUDIES Visayas State University Master of Science (Soil Science) 6/1/1990 4/4/2000 Chardwated 2000 Graduated 2010 University of the Philippines - Los Banos Doctor of Philosophy (Soil Science) 6/1/2005 9/2/2009 (Continue on separate sheet if necessary) nu SIGNATURE DATE 1,2019

	SERVICE ELIGI				•		,		4 4
	SPECIAL LAW	80 (BOARD/ BAR) UNDER 'S/ CES/ CSEE Y / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION /	PLACE OF EXAMINA	ATION / CONFE	RMENT	LICENSE (if a	pplicable) Date of
В				CONFERMENT	157 P. P. C. S. P. C. S. S.			NUMBER	Validity
	none			1764.5			2 × 1		
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			(Cor	ntinue on separate sheet if	necessary				
	EXPERIENCE								
	LUSIVE DATES	t. Start from your recen	t work) Description	n of duties should be	e indicated in the attac	hed Work Ex	salary/JOB/PAY	et.	
	mm/dd/yyyy)	POSITION TI (Write in full/Do not			NCY / OFFICE / COMPANY Oo not abbreviate)	MONTHLY SALARY	GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То						INCREMENT		(Y/N)
1/1/2019	present	Professo	rll	Visayas St	ate University	95083.00		Permanent	Y
1/1/2018	12/31/2018	Professo	r II	Visayas St	ate University	82439.00		Permanent	Y
1/1/2017	12/31/2017	Professo	rll	Visayas St	ate University	71476.00		Permanent	Y
11/1/2015	12/31/2016	Professo	rll	Visayas St	ate University	56610.00		Permanent	Υ
3/16/2015	10/31/2015	Associate Prof	essor V	Visayas St	ate University	46064.00	14 4 4 5	Permanent	Y
11/1/2011	3/15/2015	Associate Prof	essor II	Visayas St	ate University	36970.00		Permanent	Y
12/1/2005	10/31/2011	Assistant Profe	essor III	Visayas St	ate University	26644.00		Permanent	Υ
2/3/1992	11/30/2005	Instructo	rl	Visayas State College of Agriculture		13300.00		Temporary	Υ
10/16/1988	2/2/1992	Science Research	Assistant	Visayas State Co	llege of Agriculture	2916.00		Contractual	Υ
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	15		, (Cor	ntinue on separate sheet if	necessary)				
SIGN	IATURE	1	m		DATE		July 1	, 20(9	
	1000						CS	FORM 212 (Revised 20	17), Page 2 of 4

VI. YOUUNTART WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMEN	1 / PEUPLE	/ VULUNTAR	ORGANIZAT	ION/3	
NAME & ADDRESS OF ORGANIZATION (Write in full)		SIVE DATES n/dd/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK
ViSCA Foundation Elementary School	6/1/2009	4/30/2010		Board Membe	
Visca Consumers Cooperative	5/1/2014	present		Board Membe	r
		procent	-		
			300 300		
*					
		te sheet if necessal	ny)		
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING			Chinales and Assessment		
(Start from the most recent L&D/training program and include only the relevant L&D/training taken fo	S STORE TO BE SHOWN	IVE DATES OF	Lniet/Executive/Man		
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	ATT	ENDANCE n/dd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
	From	То		Technical/etc)	
IP Management Training cum Writeshop on Patent Claims and Specifications Drafting	9/21/2015	9/22/2015	16.0	Technical	PCAARRD, VICARP, RRDEN
Training on Community Life Competence Process (CLCP) and Participatory Action Research (PAR)	5/18/2015	5/22/2015	40.0	Technical	DOST-VIII, EVSU and Worldfish
Seminar on Certification and Inspection Procedures for GAP/Organic Farms and Organic Fertilizer Certification and Registration	10/29/2013		8.0	Technical	Department of Agriculture/BAFFS
Training Course on R&D Project Implementation Management	4/12/2010	4/16/2010	40.0	Technical	PCARRD/DOST
	-				
	-		D. S. Salar	119, N.,	
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TOWN CO.					
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		Maria St.	S Page		Fig. 1, leading to
					S STATE AND SOCIETY
		4.4			
(Cor	ntinue on separat	te sheet if necessar	γ)		
VIII. OTHER INFORMATION					
31. SPECIAL SKILLS and HOBBIES 32. NON		TINCTIONS / RECO	GNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Data encoding and analysis	44	one			Organic Agriculture Society of the Philippines
	11				Philippine Society of Soil Sciencity and
					Technology
	Jan Jan	YANG MENA	the off her		Crop Science Society of the Philippines
	<u> </u>	103 101		1000000	Phi Delta, the Honor Society of Science
9	1111				PCARD Scholars Association Inc.
Year		VIII			
C. GERWEGER FERSTS		127			
SIGNATURE	unue on separat	e sheet if necessar		ATE	
U U	Control Section 1		<i>DI</i>	.,,_	CS FORM 212 (Revised 2017), Page 3 of
					0

	chief of bureau or office or to the person who has immediat Bureau or Department where you will be approinted, a. within the third degree?	☐ YES ☑ NO			
	b. within the fourth degree (for Local Government Unit - Cal	YES NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative of	YES V NO If YES, give details:			
	b. Have you been criminally charged before any court?	YES NO If YES, give details: Date Filed: Status of Case/s:			
36.	Have you ever been convicted of any crime or violation of a by any court or tribunal?	YES NO If YES, give details:			
37.	Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?	YES VOIT NO			
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?b. Have you resigned from the government service during the	YES V NO If YES, give details: YES NO			
39.	election to promote/actively campaign for a national or local Have you acquired the status of an immigrant or permanent	If YES, give details: YES VO If YES, give details (country):			
a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mar 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972); Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?	If YES, please specify: YES V NO If YES, please specify ID No: YES V NO If YES, please specify ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applican	ut /appointee)			
	NAME	ADDRESS	TEL. NO.		
	lose L. Bacusmo	Director, Office for the Vice President for Rsearch and Extention VP, Office of the Vice President for	1==1		
	Othello B. Capuno Feliciano G. Sinon	Research and Extension Director, National Abaca Research			
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized repr I agree that any misrepresentation made in this doc administrative/criminal case/s against me.	ent laws, rules and regulations of the resentative to verify/validate the contents	Republic of the stated herein.		
	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) EASE INDICATE ID Number and Date of Issuance				
Go	evernment Issued ID: Passport	Muy	2-1 m		
-	/License/Passport No.: EC1755535)X)			
Da	te/Place of Issuance: 07/30/2014 - DFA Cebu	Date Accomplished	Right Thumbmark		
	SUBSCRIBED AND SWORN to before me this	Mari	ting his/her validly issued government ID as indicated above.		