

# 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. CS ID No.

(Do not fill up. For CSC use only)

## I. PERSONAL INFORMATION

2. SURNAME	ARMECIN		
FIRST NAME	ROMEL	NAME EXTENSION (JR., SR) N.A.	
MIDDLE NAME	BRIGOLI		
3. DATE OF BIRTH (mm/dd/yyyy)	6/29/1966	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	Sogod, Cebu	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Apt #17 Kilbourne Drive House/Block/Lot No. Street VSU Compound Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	1.52	ZIP CODE	6521-A
8. WEIGHT (kg)	70.0		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	Apt #17 Kilbourne Drive House/Block/Lot No. Street VSU Compound Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province
10. GSIS ID NO.	2001715491	ZIP CODE	6521-A
11. PAG-IBIG ID NO.			
12. PHILHEALTH NO.	13-000014963-3		
13. SSS NO.	n/a	19. TELEPHONE NO.	(053) 563 7012
14. TIN NO.	116-622-789	20. MOBILE NO.	09199925099
15. AGENCY EMPLOYEE NO.	20-484	21. E-MAIL ADDRESS (if any)	<a href="mailto:rbarmecin@vsu.edu.ph">rbarmecin@vsu.edu.ph</a>

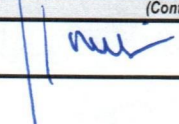
## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Armecin		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Brigida	NAME EXTENSION (JR., SR) N.A.	Ladie Genesis B. Armecin	1/10/1995
MIDDLE NAME	Bitancor			
OCCUPATION	none			
EMPLOYER/BUSINESS NAME	n/a			
BUSINESS ADDRESS	n/a			
TELEPHONE NO.	(053) 563 7012			
24. FATHER'S SURNAME	Armecin			
FIRST NAME	Dominador (deceased)	NAME EXTENSION (JR., SR) N.A.		
MIDDLE NAME	Comaingking			
25. MOTHER'S MAIDEN NAME	Brigoli			
SURNAME	Armecin			
FIRST NAME	Irene (deceased)			
MIDDLE NAME	Bracero			
(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	Sogod Central School	Elementary diploma	6/2/1973	3/31/1979	Graduated	1979	with honors
SECONDARY	Juan Dosado Memorial School	High School diploma	6/1/1979	3/31/1983	Graduated	1983	with honors
VOCATIONAL / TRADE COURSE	n/a						
COLLEGE	Visayas State College of Agriculture	BS in Agriculture (major in Soil Science)	6/1/1983	4/2/1987	Graduated	1987	
GRADUATE STUDIES	Visayas State University	Master of Science (Soil Science)	6/1/1990	4/4/2000	Graduated	2000	
	University of the Philippines - Los Banos	Doctor of Philosophy (Soil Science)	6/1/2005	9/2/2009	Graduated	2010	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 1, 2019
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[illegible]

**V. WORK EXPERIENCE**  
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

SIGNATURE	<i>[Signature]</i>	DATE	July 1, 2019
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July 1, 2019  
CS FORM 212 (Revised)



29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	ViSCA Foundation Elementary School	6/1/2009	4/30/2010		Board Member
	Visca Consumers Cooperative	5/1/2014	present		Board Member

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

*(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)*

[illegible]

VIII. OTHER INFORMATION




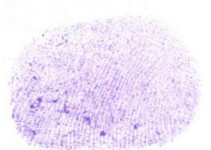

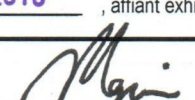
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Data encoding and analysis	none	Organic Agriculture Society of the Philippines
		Philippine Society of Soil Sciencity and Technology
		Crop Science Society of the Philippines
		Phi Delta, the Honor Society of Science
		PCARD Scholars Association Inc.

SIGNATURE		DATE	July 1, 2019
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DATE \_\_\_\_\_

CS FORM 212 (Revised 2017), Page 3 of 4



<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>															
<p>35. a. Have you ever been found guilty of any administrative offense?</p>   <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>															
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>															
<p>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?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>															
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>															
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>															
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES      <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>															
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 35%;">NAME</th><th style="width: 35%;">ADDRESS</th><th style="width: 30%;">TEL. NO.</th></tr></thead><tbody><tr><td>Dr. Jose L. Bacusmo</td><td>Director, Office for the Vice President for Research and Extension</td><td></td></tr><tr><td>Dr. Othello B. Capuno</td><td>VP, Office of the Vice President for Research and Extension</td><td></td></tr><tr><td>Dr. Feliciano G. Sinon</td><td>Director, National Abaca Research Center</td><td></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr. Jose L. Bacusmo	Director, Office for the Vice President for Research and Extension		Dr. Othello B. Capuno	VP, Office of the Vice President for Research and Extension		Dr. Feliciano G. Sinon	Director, National Abaca Research Center				
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<p>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.</p>																
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<p>SUBSCRIBED AND SWORN to before me this <u>20 NOV 2019</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 60%; text-align: center;"> <b>ATTY. RYSAN C. GUINOCOR</b> <b>VSU LEGAL OFFICER</b> Person Administering Oath</div>																