CS Form No. 212 Revised 2025

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 FILE Print legibly. Tick appropriate boxes	LLING OUT THE PERSONAL DATA SHEET (PDS) BE s () and use separate sheet if necessary. Indic			ΔTF	1. CS ID No.		(Do not fill up 5	or CSC use only	
I. PERSONAL INFORMATION		ate N/A ii flot applicable. DO	NOT ABBREVI	AIE.	1. C3 ID NO.		(Do Hot IIII up. F	or CSC use only	
2. SURNAME	Bustamante								
FIRST NAME	Roger Roque				NAME EXTENSION (J	R., SR) N/A			
MIDDLE NAME	Ebon								
3. DATE OF BIRTH		16. CITIZENSHIP				l			
(mm/dd/yyyy)	09/12/1993			Filipino Dual Citizer			·		
4. PLACE OF BIRTH	Mangyan, Sibonga, Cebu	If holder of dual citizenship,							
5. SEX AT BIRTH	✓ Male Female	please indicate the d	letails.	Philippines					
6. CIVIL STATUS	✓ Single Married	17. RESIDENTIAL ADDRESS							
	Widowed Separated		House/Block/Lot No. Purok 2		Street				
	Other/s:		Su	bdivision/Villag	је	Guadalupe (Utod) Barangay			
7. HEIGHT (m)	1.78		BAYBAY City/Municipality				LEYTE Province		
8. WEIGHT (kg)	83.00	ZIP CODE		6521					
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS	Hou	ıse/Block/Lot N	so/Plack/l at No			Street	
10. UMID ID NO.				bdivision/Villag			Pangasungan		
11. PAG-IBIG ID NO.	N/A			BAYBAY			Barangay LEYTE		
12. PHILHEALTH NO.	N/A	ZIP CODE		ity/Municipality	/	Province			
13. PHilSys NO. (PSN)		19. TELEPHONE NO.			N/A				
14. TIN NO.	N/A	20. MOBILE NO.		918-675-2252					
15. AGENCY EMPLOYEE NO.	V01018	21. E-MAIL ADDRESS (if any)	rogerroque.bustamante@vsu.edu.ph			du.ph			
II. FAMILY BACKGROUND									
22. SPOUSE\'S SURNAME	N/A	23. NAME of C		HILDREN (Write full name and list all)			DATE OF BIRTH (mm/dd/yyyy)		
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A			N/A			I/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	Bustamante								
FIRST NAME	Rogelio	NAME EXTENSION (JR., SR)							
MIDDLE NAME	Cudino								
25. MOTHER\'S MAIDEN NAME	Ebon								
SURNAME	Bustamante								
FIRST NAME	Milagros								
MIDDLE NAME	Moralla			(0	Continue on se _l	parate sheet if neces	sary)		
III. EDUCATIONAL BACKG	ROUND								
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF A	ATTENDANCE To	HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	N/A								
SECONDARY	N/A								
VOCATIONAL/ TRADE COURSE	N/A								
COLLEGE	Cebu Technological University	Bachelor of Science in Agriculture Production)		2011	2015		2015	Cum Laude	
GRADUATE STUDIES	Visayas State University	Master of Science in Anima PLEASE SEE ATTACHMENT		2015	2017		2017	N/A	
		Continue on separate sheet if nece	essary)						
SIGNATURE	l			DA	ATE	I	10/13/2025		

Attachment A

III. EDUCATIONAL BACKGROUND									
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE	PERIOD OF ATTENDANCE		HIGHEST LEVEL/UNITS	YEAR	SCHOLARSHIP/ ACADEMIC		
22.722		(Write in full)	From	То	EARNED (if not graduated)	GRADUATED	HONORS RECEIVED		
GRADUATE STUDIES	University of the Philippines - Los Banos	Doctor of Philosophy (Major in Animal Science)	2022	2025		2025			
(Continue on separate sheet if necessary)									
SIGNATURE	DA	DATE 10/13/2025							

IV. CIVIL	SERVICE I	ELIGIBILITY							
27. CES/CSEE/CAREER SERVICE/RA 1080 (BOARD/ BAR)/UNDER SPECIAL LAWS/CATEGORY II/ IV ELIGIBILITY and ELIGIBILITIES FOR UNIFORMED PERSONNEL		RATING DATE EXAMINA CONFER		NATION / PLACE OF EXAMINATION / CONFERMENT			LICENSE (if applicable)		
							NUMBER	Valid Until	
Agriculturist		79.60	06/02/2015		University of Cebu-Talamban Campus		0022395	09/12/2022	
				(Continue on	separate she	eet if necessary)			
	EXPERIEI	NCE ent. Start from your recent	work) Descriptio	on of dutie	s should	he indicated in the attache	d Work Experience sheet		
28. INCLU	ISIVE DATES	POSITIO		ni oi uuuo		DEPARTMENT / AGENCY / C		CTATUC OF	GOV'T
From	m/dd/yyyy) To	(Write in full/Do				(Write in full/Do not		STATUS OF APPOINTMENT	SERVICE (Y/ N)
01/01/2025	PRESENT	Instruc	tor III			Visayas State U	niversity	Permanent	Υ
04/22/2024		Instruc	tor III			Visayas State U	niversity	Permanent	Υ
01/01/2024	04/21/2024	Instru	ctor I			Visayas State U	niversity	Permanent	Υ
01/01/2023		Instru	ctor I			Visayas State U	niversity	Permanent	Υ
01/01/2022		Instru	ctor I			Visayas State U	Permanent	Υ	
01/01/2021		Instructor I			Visayas State U	Permanent	Υ		
12/01/2020	12/31/2020	Instru	ctor I			Visayas State U	Permanent	Y	
08/04/2020	11/30/2020	Instru	ctor I		Visayas State		niversity	Temporary	Y
07/30/2020		Instru	ctor I		Visayas State University		Temporary	Y	
01/01/2020		Instru	nstructor I			Visayas State U	niversity	Temporary	Y
08/01/2019	08/01/2019		ctor I	Visayas State University			niversity	Temporary	Y
01/01/2019	07/31/2019	Instru	ctor I		Visayas State University			Temporary	Y
08/01/2018	07/31/2019	Instru	ctor I			Visayas State U	Temporary	Y	
01/01/2018	11/01/2018 07/31/2018 Instructor I				Visayas State University			Temporary	Y
08/04/2017	12/31/2017	Instru	ctor I			Visayas State U	niversity	Temporary	Y
				(Continue -	concrets -/	pot if necessary)			
SIGNA	ATURE			(Conunue on	separaté she	eet if necessary) DATE	10/13/	2025	
								FORM 212 (Revised 2	017), Page 2 of 4

/I. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S						
29. NAME & ADDRESS OF OR (Write in full)		INCLUSIV	/E DATES d/yyyy)	NUMBER OF HOURS		POSITION / NATURE OF WORK
N/A		N/A	N/A	N/A		N/A
		(Continue on separat	e sheet if necessary			
VII. LEARNING AND DEVELOPMENT (L&D, (Start from the most recent L&D/training program and include) INTERVENTIONS/TRAINING	G PROGRAM	IS ATTENDE	D	agerial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			DATES OF DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
N/A		N/A	N/A	N/A	N/A	N/A
	((Continue on separat	e sheet if necessary			
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. NC	DN-ACADEMIC DIS (W	TINCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A		N/	'A			Philippine Society of Animal Science
SIGNATURE		(Continue on separat	e sheet if necessary		ITE	10/13/2025
						1

34	Are you related by consanguinity or affinity to the appoir the chief of bureau or office or to the person who has im Office, Bureau or Department where you will be apppoin	mediate supervision over you in the			
	a. within the third degree? b. within the fourth degree (for Local Government Unit -	☐YES ☐YES If YES, give details:	✓ NO		
35	a. Have you ever been found guilty of any administrative	YES If YES, give details:	✓NO		
	b. Have you been criminally charged before any court?	TYES If YES, give details: Date Filed: Status of Case/s:	✓NO		
36.	Have you ever been convicted of any crime or violation or regulation by any court or tribunal?	TYES If YES, give details:	✓NO		
37.	Have you ever been separated from the service in any cretirement, dropped from the rolls, dismissal, termination phased out (abolition) in the public or private sector?	If YES, give details:	✓NO		
38.	A. Have you ever been a candidate in a national or local (except Barangay election)?	election held within the last year	YES If YES, give details	✓NO 3:	
	b. Have you resigned from the government service during last election to promote/actively campaign for a national	☐YES If YES, give details	✓ NO 3:		
39.	Have you acquired the status of an immigrant or permar	TYES If YES, give details (o	✓NO country):		
40	Pursuant to: (a) Indigenous People\'s Act (RA 8371); (b) 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89				
а	Are you a member of any indigenous group?	YES If YES, please specif	√NO		
b	Are you a person with disability?	YES If YES, please specif	✓ NO		
С	Are you a solo parent?	YES If YES, please specif	✓N0		
41	. REFERENCES (Person not related by consanguinity or affinity to appl	icant /appointee)			
	NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL		
					Passport-sized unfiltered digital picture taken within the last 6 months 4.5 cm. X 3.5 cm
42	complete statement pursuant to the provisions of perti	nent laws, rules and regulations of the	Republic of the		
	Philippines. I authorize the agency head/authorized repr agree that any misrepresentation made in this doc administrative/criminal case/s against me.				РНОТО
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance				
	Government Issued ID: PRC				
	D/License/Passport No.: 0022935	box)			
	Date/Place of Issuance: 07/31/2015 / PRC CEBU			Right Thumbmark	
	SUBSCRIBED AND SWORN to before me this	, affiant exh	nibiting his/her validly iss	ued gover	nment ID as indicated above.
		ath			