

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	Lumain		
FIRST NAME	John Philip Lou	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Machica		
3. DATE OF BIRTH (mm/dd/yyyy)	07/05/1995	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	Quinapondan, Eastern Samar	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Zone 1 House/Block/Lot No. Street Gabas Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.67	ZIP CODE	6521
8. WEIGHT (kg)	68.00		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	House/Block/Lot No. Street Barangay No. 1 (Pob.) Subdivision/Village Barangay QUINAPONDAN EASTERN SAMAR City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6810
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A	19. TELEPHONE NO.	N/A
13. SSS NO.	N/A	20. MOBILE NO.	961-516-2297
14. TIN NO.	N/A	21. E-MAIL ADDRESS (if any)	philip.lumain@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	V01046		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	Lumain			
FIRST NAME	Federico	NAME EXTENSION (JR., SR) Jr.		
MIDDLE NAME	Daiz			
25. MOTHER'S MAIDEN NAME	Marichu A. Machica			
SURNAME	Lumain			
FIRST NAME	Marichu			
MIDDLE NAME	Machica		(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	Quinapondan Central Elementary School	Elementary	2000	2006		2006	N/A
SECONDARY	Our Lady of Fatima Academy	High School	2006	2011		2011	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	N/A						
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/16/2024
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IV. CIVIL SERVICE ELIGIBILITY

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	Doctor of Verterinary Medicine		08/15/2022	Manila	0009284	N/A

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format"00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
01/01/2023	PRESENT	Instructor I	Visayas State University	30,028.00	12-4	Permanent	Y
06/03/2022		Instructor I	Visayas State University	28,471.00	12-4	Permanent	Y
04/06/2022		Instructor I	Visayas State University	28,471.00	12-4	Temporary	Y
01/01/2022		Instructor I	Visayas State University	28,180.00	12-3	Temporary	Y
01/01/2022		Instructor I	Visayas State University	27,608.00	12-1	Temporary	Y
08/01/2021	07/31/2022	Instructor I	Visayas State University	26,052.00	12-1	Temporary	Y
01/01/2021		Instructor I	Visayas State University	26,052.00	12-1	Temporary	Y
01/01/2021		Instructor I	Visayas State University	26,052.00	12-1	Temporary	Y
01/01/2021		Instructor I	Visayas State University	26,052.00	12-1	Temporary	Y
07/30/2020	07/31/2021	Instructor I	Visayas State University	24,495.00	12-1	Temporary	Y
01/01/2020		Instructor I	Visayas State University	24,495.00	12-1	Temporary	Y
08/01/2019	12/31/2019	Instructor I	Visayas State University	22,938.00	12-1	Temporary	Y
01/01/2019		Instructor I	Visayas State University	22,938.00	12-1	Temporary	Y
08/01/2018	07/31/2019	Instructor I	Visayas State University	22,149.00	12-1	Temporary	Y
01/01/2018	07/31/2018	Instructor I	Visayas State University	22,149.00	12-1	Temporary	Y
09/14/2017	12/31/2017	Instructor I	Visayas State University	21,387.00	12-1	Temporary	Y

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/16/2024
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

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

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&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)

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			
	Internal Quality Audit Training in conformance with ISO 19011:2018	08/14/2023	08/15/2023	16	Supervisory	AGF Consulting Group and Visayas State University
	Applying One Health to Solve Community Health Issues – ONLINE Course	04/03/2023	05/26/2023	40	Technical	Tropical Disease Research Center, Khon Kaen University, Thailand
	First Animal Welfare Training	11/23/2022	11/23/2022	8	Technical	College of Veterinary Medicine, Visayas State University
	Seminar-workshop Series on Assessment of Environmental Pollution Associated with Poultry and Livestock Production, Series Two: Applications of GIS and GPS in Environmental Pollution Assessment	11/18/2022	11/18/2022	8	Research	College of Veterinary Medicine, Visayas State University
	Seminar-workshop Series on Assessment of Environmental Pollution Associated with Poultry and Livestock Production, Series One: Chemical Pollution	10/26/2022	10/26/2022	8	Research	College of Veterinary Medicine, Visayas State University
	Data Analytics and Statistical Training	07/18/2022	07/19/2022	16	Research	Eastern Visayas Health Research and Development Consortium
	Radiographic Positioning and Quality Control: What should I be looking for in the images?	10/14/2021	10/14/2021	3	Technical	Vet Education Online Nurse Conference 2021
	Science-Based Response to African Swine Fever and Biosecurity Status of Poultry Farms in Central Luzon	08/24/2021	08/24/2021	6	Technical	National Research Council of the Philippines
	Animal Welfare Act of 1998 RA 8485 as amended by RA 10631 and DA Administrative Orders and Circulars	01/13/2021	01/13/2021	8	Technical	Bureau of Animal Industry, Department of Agriculture
	Creating Your First Online Course – Akadasia’s Teacher Up-Skilling Program	12/17/2020	12/17/2020	8	Instruction	AKADASIA Singapore
	Introduction to Online Teaching – Akadasia’s Teacher Up-Skilling Program	12/14/2020	12/14/2020	8	Instruction	AKADASIA Singapore
	Online Training on Developing a Moodle Online Classroom	08/19/2020	08/20/2020	18	Instruction	Instruction and Evaluation Office, Visayas State University
	Quality Assurance and Compliance – Part 2	11/29/2018	11/30/2018	16	Technical	St. Paul University, Quezon City
	Molecular Biology and Biotechnology Training Course, College of Veterinary Science and Medicine	11/12/2018	11/16/2018	40	Instruction	College of Veterinary Science and Medicine, Central Luzon State University
	Training on Animal Health Care	04/03/2018	04/04/2018	16	Technical	Agricultural Training Institute (ATI) - RTC 8
	Training on Meat and Dairy Goat Production	03/06/2018	03/09/2018	8	Technical	Agricultural Training Institute (ATI) - RTC 8
	Echo-Seminar on the 1st Association of Education Researchers and Trainers (ASSERT) National Convention on Outcome-Based-Education	02/07/2018	02/07/2018	8	Instruction	Center for Continuing Education, VSU

PLEASE SEE ATTACHMENT A

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	N/A		N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/16/2024
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<div>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)?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<div>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: Date Filed: _____ Status of Case/s: _____</div></div></div>												
<div>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<div>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?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div>												
<div>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?</div>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details: _____</div></div></div>												
<div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>		<div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, give details (country): _____</div></div>												
<div>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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?</div>		<div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify: _____</div></div><div><div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div><div>If YES, please specify ID No _____</div></div><div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, please specify ID No _____</div></div></div>												
<div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>Melvin Bagot</td><td>CVM, Mariano Marcos State University, Ilocos Norte</td><td>0919 061 1637</td></tr><tr><td>Ana Marquiza Quilicot</td><td>International Affairs Office, VSU</td><td>0917 143 3449</td></tr><tr><td></td><td></td><td></td></tr></table>			NAME	ADDRESS	TEL. NO.	Melvin Bagot	CVM, Mariano Marcos State University, Ilocos Norte	0919 061 1637	Ana Marquiza Quilicot	International Affairs Office, VSU	0917 143 3449			
NAME	ADDRESS	TEL. NO.												
Melvin Bagot	CVM, Mariano Marcos State University, Ilocos Norte	0919 061 1637												
Ana Marquiza Quilicot	International Affairs Office, VSU	0917 143 3449												
<div>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.</div>		<div><div><div>ID picture taken within the last 6 months 3.5 cm x 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable</div><div>PHOTO</div></div><div><div></div><div>Right Thumbmark</div></div></div>												
<div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i></div><div>Government Issued ID: N/A</div><div>ID/License/Passport No.: N/A</div><div>Date/Place of Issuance: N/A</div></div>	<div><div></div><div>Signature (Sign inside the box)</div><div>04/16/2024</div><div>Date Accomplished</div></div>													
<div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div><div></div><div>Person Administering Oath</div></div>														