

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	Urate		
FIRST NAME	Christopher	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Apaitan		
3. DATE OF BIRTH (mm/dd/yyyy)	01/02/1977	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Cadiz Ivisan	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX AT BIRTH	☒ Male ☐ Female		
6. CIVIL STATUS	☐ Single ☒ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	Zone 3 House/Block/Lot No. Street Guadalupe (Utod) Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.54	ZIP CODE	6521
8. WEIGHT (kg)	53.00		
9. BLOOD TYPE	A-	18. PERMANENT ADDRESS	Zone 3 House/Block/Lot No. Street Guadalupe (Utod) Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. UMID ID NO.		ZIP CODE	6521
11. PAG-IBIG ID NO.	121051597533		
12. PHILHEALTH NO.	190267156852		
13. PhilSys NO. (PSN)		19. TELEPHONE NO.	(1
14. TIN NO.	946087980	20. MOBILE NO.	997-148-9205
15. AGENCY EMPLOYEE NO.	V01201	21. E-MAIL ADDRESS (if any)	cris.urate@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	URATE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	LIZA	NAME EXTENSION (JR., SR)	LYZA ANTONINA G. URATE	01/17/2008
MIDDLE NAME	GUCELA		CHRISTIE ZAIL G. URATE	05/15/2020
OCCUPATION	CLERK			
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	URATE			
FIRST NAME	EDWIN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ORBEIN			
25. MOTHER'S MAIDEN NAME	LUZ APAITAN			
SURNAME	APAITAN			
FIRST NAME	LUZ			
MIDDLE NAME	VALVAREZ		(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	VFES	Elementary	1983	1989		1989	N/A
SECONDARY	Experimental Rural High School	High School	1990	1994		1994	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	N/A						
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10/23/2025
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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			
	Attended the ISO 9001:2015 Awareness/Re-awareness Webinar	09/05/2025	09/05/2025	8	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Reclaiming Personal Effectiveness: A Journey to Self-Empowerment	05/28/2024	05/30/2024	24	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Rice Machineries Operation Training for ABE Faculty and Laboratory Technicians in Eastern Visayas	10/23/2023	10/27/2023	32	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Working Towards Personal Effectiveness	08/22/2023	08/25/2023	32	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	WORKING TOWARDS PERSONAL EFFECTIVENESS	08/22/2023	08/25/2023	32	Technical	Personnel Officers Association of the Philippines, Inc. (POAP)
	Landscape Training	06/15/2023	06/15/2023	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Electrical Wiring System Repair and Maintenance	03/07/2023	04/12/2023	33	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Electrical Wiring System Repair and Maintenance	03/07/2023	04/12/2023	33	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	5S TRAINING for Utility and Messenger Personnel	11/24/2022	11/24/2022	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	ISO 9001:2015 Awareness/Re-awareness Seminar	08/30/2022	08/31/2022	16	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Attended the ISO 9001:2015 Awareness/Re-awareness Seminar	08/30/2022	08/31/2022	16	Instruction	AACCUP, VSU
	Hands-Only Cardiopulmonary Resuscitation	07/21/2022	07/22/2022	16	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Re-orientation of Employees Duties and Duties and Responsibilities and Good Customer Service	09/23/2021	09/23/2021	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	re-orientation of Employees duties and responsibilities and Good customer service	09/23/2021	09/23/2021	8	Technical	"(Via Zoom) Visayas State University, Visca Baybay City, Leyte"
	ISO 9001:2015 Awareness/ Re-awareness Webinar	11/27/2020	11/27/2020	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "

(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	10/23/2025
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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 OFW												
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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. 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)														
<table><thead><tr><th>NAME</th><th>OFFICE / RESIDENTIAL ADDRESS</th><th>CONTACT NO. AND/OR EMAIL</th></tr></thead><tbody><tr><td>Janet Bencure</td><td>Visca Baybay City</td><td></td></tr><tr><td>Manuel Gacutan</td><td>Guadalupe Baybay City Leyte</td><td></td></tr><tr><td>Lualhati M. Noriel</td><td>Laguna City</td><td></td></tr></tbody></table>		NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL	Janet Bencure	Visca Baybay City		Manuel Gacutan	Guadalupe Baybay City Leyte		Lualhati M. Noriel	Laguna City		Passport-sized unfiltered digital picture taken within the last 6 months 4.5 cm. X 3.5 cm PHOTO Right Thumbmark
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Lualhati M. Noriel	Laguna 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.														
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: DL</td></tr><tr><td>ID/License/Passport No.: H1218001005</td></tr><tr><td>Date/Place of Issuance: 12/28/2022 / Baybay City</td></tr></table>	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: DL	ID/License/Passport No.: H1218001005	Date/Place of Issuance: 12/28/2022 / Baybay City	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>10/23/2025</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	10/23/2025	Date Accomplished					
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.														
Person Administering Oath														