

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	Suganob			
FIRST NAME	Carmi	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	Managbanag			
3. DATE OF BIRTH (mm/dd/yyyy)	06/04/1997	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	Baybay City, Leyte	If holder of dual citizenship, please indicate the details.	Philippines	
5. SEX	<input type="checkbox"/> Male <input checked="" 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		
7. HEIGHT (m)	1.55	ZIP CODE	House/Block/Lot No. Street Pangasungan	
8. WEIGHT (kg)	55.00		Subdivision/Village Barangay BAYBAY LEYTE	
9. BLOOD TYPE	O		City/Municipality Province 6521	
10. GSIS ID NO.	N/A		18. PERMANENT ADDRESS	
11. PAG-IBIG ID NO.	N/A		ZIP CODE	House/Block/Lot No. Street Pangasungan
12. PHILHEALTH NO.	N/A	Subdivision/Village Barangay BAYBAY LEYTE		
13. SSS NO.	N/A	City/Municipality Province 6521		
14. TIN NO.	N/A	19. TELEPHONE NO.		N/A
15. AGENCY EMPLOYEE NO.	VJO02113	20. MOBILE NO.		963-376-3281
		21. E-MAIL ADDRESS (if any)	carmi.suganob@vsu.edu.ph	

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	N/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	Suganob			
FIRST NAME	Carlito	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Obon			
25. MOTHER'S MAIDEN NAME	Mercy Modina Managbanag			
SURNAME	Suganob			
FIRST NAME	Mercy			
MIDDLE NAME	Managbanag		(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	Alpha Christian School	Elementary	2004	2010		2010	N/A
SECONDARY	Visayas State University Laboratory High School	High School	2010	2014		2014	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Bachelor of Science in Food Technology	2014	2018		2018	N/A
GRADUATE STUDIES	Visayas State University	Master of Science in Food Science and Technology	2021	2023	2nd year/30 units	2023	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/25/2024
-----------	--	------	------------

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			
	ISO 9001:2015 Awareness & Re-awareness Webinar	08/29/2023	08/29/2023	8	Instruction	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Internal Quality Audit Course based ISO 19011:2018 Auditing Guidelines	08/14/2023	08/15/2023	16	Instruction	AGF Consulting Group and Visayas State University
	Consumers' Food Safety Awareness	12/11/2021	12/11/2021	4	Research	Department of Food Science and Technology
	International Webinar and Workshop on Food Value Chain in the New Normal, Hybrid Mode	10/18/2021	10/22/2021	40	Research	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Good Laboratory Practices and Quality Assurance in Food Analysis: Webinar	06/18/2021	06/18/2021	4	Research	Department of Food Science and Technology
	Regional Health Research Symposium	02/03/2021	02/05/2021	24	Research	Eastern Visayas Health Research and Development Consortium (EVHRDC)
	4th International STEAM Research Congress	02/03/2021	02/05/2021	24	Research	Eastern Visayas State University - ISTEAM Research Congress

(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	07/25/2024
-----------	--	------	------------

<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> <div>If YES, give details: _____</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><input type="checkbox"/>YES<input checked="" type="checkbox"/>NO</div></div> <div>If YES, give details: _____ Date Filed: _____ Status of Case/s: _____</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 checked="" 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>Rotacio S. Gravoso</td><td>Brgy. Marcos, Baybay City, Leyte</td><td>9335162864</td></tr><tr><td>Dexter S. Magan</td><td>Brgy. Pangasugan, Baybay City, Leyte</td><td>9053804045</td></tr><tr><td>Ma. Cindy S. Martinez</td><td>Brgy. Pangasugan, Baybay City, Leyte</td><td>9311524228</td></tr></table>					NAME	ADDRESS	TEL. NO.	Rotacio S. Gravoso	Brgy. Marcos, Baybay City, Leyte	9335162864	Dexter S. Magan	Brgy. Pangasugan, Baybay City, Leyte	9053804045	Ma. Cindy S. Martinez	Brgy. Pangasugan, Baybay City, Leyte	9311524228
NAME	ADDRESS	TEL. NO.														
Rotacio S. Gravoso	Brgy. Marcos, Baybay City, Leyte	9335162864														
Dexter S. Magan	Brgy. Pangasugan, Baybay City, Leyte	9053804045														
Ma. Cindy S. Martinez	Brgy. Pangasugan, Baybay City, Leyte	9311524228														
<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> Government Issued ID: N/A ID/License/Passport No.: N/A Date/Place of Issuance: N/A</div></div>		<div><div></div><div>Signature (Sign inside the box) 07/25/2024 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>																