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

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 2 SURNAME BANDIBAS FIRST NAME N/A **KEVIN NICK** NAME EXTENSION (JR., SR) MIDDLE NAME SUAN 3. DATE OF BIRTH 05/30/1991 16. CITIZENSHIP (mm/dd/yyyy) ✓ Filipino ☐ Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH MAASIN CITY, SOUTHERN LEYTE Pls. indicate country: If holder of dual citizenship. please indicate the details. 5. SEX Male Female Philippines W ✓ Single ☐ Married 17. RESIDENTIAL ADDRESS COCONUT DORMITORY N/A 6 CIVIL STATUS House/Block/Lot No. ☐ Widowed Street ☐ Separated VISAYAS STATE UNIVERSITY VISCA Other/s: Subdivision/Village Barangay BAYBAY LEYTE 7. HEIGHT (m) 1.74 City/Municipality Province 8. WEIGHT (kg) 87.5 ZIP CODE 6521-A 18. PERMANENT ADDRESS PUROK KAPAYAPAAN 9. BLOOD TYPE A House/Block/Lot No Street **AMPARO** 10. GSIS ID NO. N/A 021155944667 Subdivision/Vil MACROHON SOUTHERN LEYTE 11. PAG-IBIG ID NO. 121152957866 City/Municipality Province 12. PHILHEALTH NO. 13-000118672-9 ZIP CODE 6601 13. SSS NO. N/A 19 TELEPHONE NO (053) 563-8436 14 TIN NO 433-555-212 20. MOBILE NO. 09173044845 15. AGENCY EMPLOYEE NO. V00885 21. E-MAIL ADDRESS (if any) kibin_bandibas@yahoo.com.ph FAMILY BACKGROUND 22. SPOUSE'S SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) N/A N/A FIRST NAME N/A N/A MIDDLE NAME N/A N/A N/A OCCUPATION N/A N/A N/A N/A EMPLOYER/BUSINESS NAME N/A N/A **BUSINESS ADDRESS** N/A N/A N/A TELEPHONE NO. N/A N/A N/A FATHER'S SURNAME **BANDIBAS** N/A N/A NAME EXTENSION (JR., SR) N/A FIRST NAME **NICANOR** N/A N/A CABALES N/A MIDDLE NAME N/A 25. MOTHER'S MAIDEN NAME N/A N/A SURNAME N/A SUAN N/A FIRST NAME GEMMA N/A N/A MIDDLE NAME **EWAY** (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL UNITS EARNED PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC LEVEL (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From To ELEMENTARY SAINT JOSEPH COLLEGE - MAASIN CITY **BASIC EDUCATION** 2004 N/A 2004 N/A SOUTHERN LEYTE STATE UNIVERSITY - TOMAS WITH SECONDARY BASIC EDUCATION 2008 N/A 2004 2008 HONORS VOCATIONAL / N/A N/A N/A N/A N/A N/A N/A TRADE COURSE COLLEGE VISAYAS STATE UNIVERSITY BACHELOR OF SCIENCE IN CHEMISTRY 2008 2012 N/A 2012 N/A UNIVERSITY OF SAN CARLOS - TALAMBAN GRADUATE STUDIES MASTER OF SCIENCE IN CHEMISTRY PRESENT 28 N/A CHED-FDP II CAMPUS Aps bandibas SIGNATURE DATE December 4, 2017

27. CAREE	R SERVICE/ RA 10	080 (BOARD/ BAR) UNDER		DATE OF			, 1	"LICENSE (if a	pplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	OF EXAMINATION / CONFERMENT 4			Date of Validity
CHEM	IST LICENSUR	E EXAMINATION	76.50%	SEPTEMBER 18-19, 2012 MANUEL L. QUEZON		UNIVERSITY, MANILA		11656	5/30/2018
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	SIVE DATES	it. Start from your recer	it Work, Descrip	don or duties should i	be indicated in the attac	ned Works	SALARY/ JOB/ PAY	eeL	
	n/dd/yyyy)	POSITION T			NCY / OFFICE / COMPANY	MONTHLY	GRADE (if applicable)& STEP	STATUS OF	GOV'T SERVICE
From	То	(Write in full/Do not	abbreviate)	(Write in full/	Do not abbreviate)	SALARY	(Format *00-0*)/ INCREMENT	APPOINTMENT	(Y/N)
6/8/2015	DDECENT	INCTRUCT	ODI	DEPARTMENT OF PURE	AND APPLIED CHEMISTRY.			REGULAR -	
	PRESENT	INSTRUCT			ATE UNIVERSITY AND APPLIED CHEMISTRY,	P 21,387.00	12-1	TEMPORARY	Y
6/3/2013	6/6/2015	PART-TIME INS		VISAYAS ST	ATE UNIVERSITY	P 17,000.00	N/A	PART-TIME	Y
11/21/2012	3/29/2013	PART-TIME INS	TRUCTOR	SOUTHERN LEYT	E STATE UNIVERSITY	P 12,000.00	N/A	PART-TIME	Y
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			(C	ontinue on separate sheet is	necessary)				
SIGNA	TURE	Reportated	(iba)	150	DATE		DECEMO	ER 4, 2017	
104-0-140	200	Man care		con resident	DATE				
							CS	FORM 212 (Revised 2)	117), Page 2 of 4

AT VOLUNTARY WORK OR INVOLVEMEN				GANIZATION			
29. NAME & ADDRESS (Write		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS		POSITION / NATURE OF WORK	
N/A		N/A	N/A	N/A		N/A	
VII. LEARNING AND DEVELOPMENT (L8		inue on separate : GRAMS ATTI		y)			
(Start from the most recent L&D/training program and	include only the relevant L&D/training taken for t			hief Executive Mana	gerial positions)		
	T INTERVENTIONS/TRAINING PROGRAMS in full)	ATTEN	E DATES OF IDANCE Idd/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
21st ANNUAL CONVENTION OF THE NATURAL PRODU	UCTS SOCIETY OF THE PHILIPPINES	12/1/2016	To 12/2/2016	16.0	RESEARCH	NATURAL PRODUCTS SOCIETY OF THE	
STRATEGIC PLANNING WORKSHOP OF THE CO	DLLEGE OF ARTS AND SCIENCES	8/25/2016	8/26/2016	16.0	WORKSHOP	PHILIPPINES; UNIVERSITY OF SAN CARLOS VISAYAS STATE UNIVERSITY	
IN-SERVICE TRAINING ON "FT-IR INSTRUMENTATION,	, MAINTENANCE AND TROUBLESHOOTING*	7/22/2016	7/22/2016	8.0	TECHNICAL	ITS Science (Phils) Inc.; PerkinElmer	
31st PHILIPPINE CHEMISTRY CONGRESS - "CH TRADITIONAL BOUNDARIES	EMISTRY BEYOND BORDERS: BLURRING		4/15/2016	24.0	RESEARCH	PHILIPPINE FEDERATION OF CHEMISTRY SOCIETIES, INC.; KAPISANANG KIMIKA NG PILIPINAS (NATIONAL AND PANAY CHAPTER); INTEGRATED CHEMISTS OF THI	
WHO-ICP WATER QUALITY TESTING AND ANAL	YSIS SEMINAR-TRAINING	5/11/2015	5/15/2015	40.0	SEMINAR- TRAINING	PHILIPPINES-PANAY CHAPTER WORLD HEALTH ORGANIZATION; INTEGRATED CHEMISTS OF THE PHILIPPINES; VISAYAS STATE UNIVERSITY	
30th PHILIPPINE CHEMISTRY CONGRESS - "AS	4/15/2015	4/17/2015	24.0	RESEARCH	PHILIPPINE FEDERATION OF CHEMISTRY SOCIETIES, INC.; INTEGRATED CHEMISTS OF THE PHILIPPINES		
SAFETY IN THE LABORATORY	i, rate also lip	9/3/2013	9/3/2013	3.0	TECHNICAL	MERCK; VISAYAS STATE UNIVERSITY	
25 (25)							
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	1.050	NEW Y	7, 79, 10			SECOND SECTION	
and the second of	2.78 .34.7.1.7					The last to the second of	
	(Cont.)						
VIII. OTHER INFORMATION	Com	linue on separate	sneet ii necessar	y)			
31. SPECIAL SKILLS and HOBBIES	32. NON-	ACADEMIC DISTIN		GNITION	4 70	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
COMPUTER LITERATE			e in full)			(Write in full) INTEGRATED CHEMISTS OF THE	
SOMI OTEN ETENATE		N/A				PHILIPPINES	
						KAPISANANG KIMIKA NG PILIPINAS PHILIPPINE ASSOCIATION OF CHEMISTRY	
						TEACHERS NATURAL PRODUCTS SOCIETY OF THE	
			2677 0	1.334		PHILIPPINES VISAYAS STATE UNIVERSITY FACULTY	
						ASSOCIATION	
	ann (Cont	linue on separate	sheet if necessar	ATTM			
SIGNATURE Like Substitute September Substitute Substitu					1TE	DECEMBER 4, 2017	
	/					CS FORM 212 (Payised 2017) Page 3 of	

34.	Are you related by consanguinity or affinity to the chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed,			
	a. within the third degree?	- the same and same and		Z NO
	b. within the fourth degree (for Local Government Unit - Ca	☐ YES ☑ NO If YES, give details:		
35	a. Have you ever been found guilty of any administrative of	ense?	YES	√ NO
	t control of the cont		If YES, give details:	J NO
	b. Have you been criminally charged before any court?		YES If YES, give details:	✓ NO
		A THE RESIDENCE OF THE PARTY OF	Status of Case/s:	No
36.	Have you ever been convicted of any crime or violation of a any court or tribunal?	☐ YES ☑ NO If YES, give details:		
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, e (abolition) in the public or private sector?	☐ YES ☑ NO If YES, give details:		
38.	a. Have you ever been a candidate in a national or local ele Barangay election)?	YES NO If YES, give details:		
	b. Have you resigned from the government service during to election to promote/actively campaign for a national or local	YES NO If YES, give details:		
39.	Have you acquired the status of an immigrant or permanent	YES NO If YES, give details (country):		
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma	gna Carta for Disabled Persons (RA		
	7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)			
a.	Are you a member of any indigenous group?		YES	✓ NO
b.	Are you a person with disability?	C SINCE THE CA	If YES, please specify:	
	Alle you a person with disability?		YES If YES, please specify	ID No:
C.	Are you a solo parent?		YES If YES, please specify	✓ NO
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)		
	NAME	ADDRESS	TEL. NO.	
	ANDRESITO D. ACABAL	VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	N/A	
	CANDELARIO L. CALIBO	VISAYAS STATE UNIVERSITY, BAYBAY CITY,	N/A	
		LEYTE	IN/A	
	PATRICK JOHN Y. LIM		N/A	
42.	PATRICK JOHN Y. LIM I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperation of pertiperation in the provision of pertiperation of pertiperation in the provision of pertiperation o	LEYTE UNIVERSITY OF SAN CARLOS-TALAMBAN CAMPUS, CEBU d this Personal Data Sheet which is a tracent laws, rules and regulations of the fentative to verify/validate the contents state	N/A ue, correct and Republic of the d herein.	KEVIN NICK S BANDIBAS
G	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertial Philippines. I authorize the agency head/authorized representation made in this documents.	LEYTE UNIVERSITY OF SAN CARLOS-TALAMBAN CAMPUS, CEBU d this Personal Data Sheet which is a tracent laws, rules and regulations of the fentative to verify/validate the contents state	N/A ue, correct and Republic of the d herein.	KEYIN NICK S BANDIBAS
G P	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperation. I authorize the agency head/authorized repressagree that any misrepresentation made in this doctor administrative/criminal case/s against me.	LEYTE UNIVERSITY OF SAN CARLOS-TALAMBAN CAMPUS, CEBU d this Personal Data Sheet which is a tracent laws, rules and regulations of the fentative to verify/validate the contents state	N/A ue, correct and Republic of the d herein.	KEYIN NICK S BANDIBAS
G P	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertial Philippines. I authorize the agency head/authorized repressagree that any misrepresentation made in this doctor administrative/criminal case/s against me. Overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance	UNIVERSITY OF SAN CARLOS-TALAMBAN CAMPUS, CEBU d this Personal Data Sheet which is a transment laws, rules and regulations of the Fentative to verify/validate the contents state ument and its attachments shall cause	N/A ue, correct and Republic of the d herein. I e the filing of	KEYIN NICK S BANDIBAS
G P G	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of perting Philippines. I authorize the agency head/authorized repressagree that any misrepresentation made in this doctor administrative/criminal case/s against me. **DOVERNMENT OF THE PROVIDED REPORT OF THE PROVIDED	LEYTE UNIVERSITY OF SAN CARLOS-TALAMBAN CAMPUS, CEBU d this Personal Data Sheet which is a tracent laws, rules and regulations of the fentative to verify/validate the contents state	N/A ue, correct and Republic of the d herein. I e the filing of	KEYIN NICK S BANDIBAS Right Thumbmark
G P G	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of perting Philippines, I authorize the agency head/authorized repressagree that any misrepresentation made in this doctor administrative/criminal case/s against me. Description of the provision of perting provided in the provision of the pro	LEYTE UNIVERSITY OF SAN CARLOS-TALAMBAN CAMPUS, CEBU d this Personal Data Sheet which is a transfer laws, rules and regulations of the Fentative to verify/validate the contents state ument and its attachments shall cause Signature (Sign inside the both DECEMBER 4, 2017 Date Accomplished	N/A ue, correct and Republic of the d herein. I e the filing of	Right Thumbmark Evernment ID as indicated above.
G P G	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of perting Philippines. I authorize the agency head/authorized repressagree that any misrepresentation made in this doctor administrative/criminal case/s against me. Description of the provision of perting provided in the provision of the pro	LEYTE UNIVERSITY OF SAN CARLOS-TALAMBAN CAMPUS, CEBU d this Personal Data Sheet which is a transfer laws, rules and regulations of the Fentative to verify/validate the contents state ument and its attachments shall cause Signature (Sign inside the both DECEMBER 4, 2017 Date Accomplished	N/A ue, correct and Republic of the d herein. I e the filing of	
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G P G	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized repressagree that any misrepresentation made in this doctor administrative/criminal case/s against me. Description of the provision of pertine agree that any misrepresentation made in this doctor administrative/criminal case/s against me. Description of the provision of the provi	LEYTE UNIVERSITY OF SAN CARLOS-TALAMBAN CAMPUS, CEBU d this Personal Data Sheet which is a tracent laws, rules and regulations of the Fentative to verify/validate the contents state ument and its attachments shall cause Signature (Sign inside the body DECEMBER 4, 2017) Date Accomplished JAN 3 2018 , affiant exhibiting	N/A ue, correct and Republic of the d herein. I see the filing of a his/her validly issued go	