C1

PERSONAL DATA SHEET

SURNAME	ROJAS
FIRST NAME	JOHNNY KENNETH
MIDDLE NAME	FRANCO
DATE OF BIRTH (dd/mm/yyyy)	13/03/1979
PLACE OF BIRTH	TACLOBAN CITY
SEX AT BIRTH	MALE
CITIZENSHIP	FILIPINO
Dual citizenship — please indicate details	N/A
Pls. indicate country	N/A
CIVIL STATUS	SINGLE
RESIDENTIAL ADDRESS	House/Block No. 6541; Street: PUROK 3; Subdivision/Village: GOMEZ; Barangay: DOLORES; City/Municipality: TACLOBAN CITY; Province: LEYTE
ZIP CODE	6541
PERMANENT ADDRESS	House/Block No. 6541; Street: PUROK 3; Subdivision/Village: GOMEZ; Barangay: DOLORES; City/Municipality: TACLOBAN CITY; Province: LEYTE
ZIP CODE	6541
GSIS BP No.	L 73
SSS No.	120
BLOOD TYPE	B+
PAG-IBIG No.	CPN 006-0122-7435-5
PHILHEALTH No.	12112047387
TIN No.	0302540 10116
Passport Number (If any)	N/A
TIN No.	253 613 808 000
AGENCY EMPLOYEE No.	N/A
TELEPHONE No.	053 832 2680
MOBILE No.	0977 790 2080
E-MAIL ADDRESS (if any)	kenfrojas@gmail.com
SPOUSE'S SURNAME	N/A
SPOUSE'S FIRST NAME	N/A
SPOUSE'S MIDDLE NAME	N/A
OCCUPATION	N/A
EMPLOYER/BUSINESS NAME	N/A
BUSINESS ADDRESS	N/A
TELEPHONE No.	N/A
FATHER'S SURNAME	ROJAS
FATHER'S FIRST NAME	NAGUE
FATHER'S MIDDLE NAME	VILLAFUERTE
MOTHER'S MAIDEN NAME	
MOTHER'S SURNAME	FELIPULO
MOTHER'S FIRST NAME	LUCILA
MOTHER'S MIDDLE NAME	FERNANDO

LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE From	To	HIGHEST LEVEL/ UNITS EARNED (If not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED (Write in full)
ELEMENTARY	MATER DOLORIS SCHOOL	ELEMENTARY	N/A	1984		1984	NONE
SECONDARY	HOLY INFANT COLLEGE	HIGH SCHOOL	N/A	1988		1988	ACADEMIC EXCELLENCE
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN FOOD TECHNOLOGY	1996	2000		2000	NONE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	DOCTOR OF PHILOSOPHY	2001	2005		2005	DEAN'S ACADEMIC EXCELLENCE

SIGNATURE: [signature] DATE: 14/12/2025

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SKILL/NON-ACADEMIC RECOGNITION RECEIVED (Attach additional sheet if necessary)	RATING (If applicable)	DATE OF EXAMINATION/ CONFERMENT	PLACE OF EXAMINATION/ CONFERMENT	LICENSE (if applicable) NUMBER	VALID UNTIL
CARGO HANDLER PROFESSIONAL	NONE GRADUATE	2002	TACLOBAN CITY	N/A	N/A
MERCHANT TECHNOLOGY (BACHELOR EDUCATION)	84.42%	2000	CEBU CITY	0040235	12/10/2018
PHILIPPINES LITERATURE EDUCATION	77.97%	2006	MANILA	0108124	12/10/2012

EMPLOYMENT RECORD (Attach additional sheet if necessary) From	To	POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT/AGENCY/OFFICE/COMPANY (Write in full/Do not abbreviate)	STATUS OF APPOINTMENT	GOVT SERVICE
01/01/2002	01/03/2005	INSTRUCTOR	DEPARTMENT OF MARINE TECHNOLOGY (CONTRACTUAL/PART TIME)	CASUAL	NO
07/02/2006	01/03/2006	CLINICAL PRACTITIONER	MANILA CITIZENS HOSPITAL	TEMPORARY	NO
03/06/2008	28/12/2008	CLINICAL PRACTITIONER	MINDORO DIAGNOSTIC CLINIC AND DIAGNOSTIC CENTER	REGULAR	NO
01/01/2012	31/12/2013	INTERNAL MEDICINE RESIDENT	PALAWAN CENTRAL HOSPITAL	REGULAR	YES
02/01/2012	31/12/2013	INTERNAL MEDICINE RESIDENT (CONTRACT)	CALAMBA PROVINCIAL HOSPITAL	TEMPORARY	NO
01/01/2014	PRESENT	INTERNAL MEDICINE CONSULTANT ACTIVE	CALAMBA PROVINCIAL HOSPITAL	REGULAR	NO
			NATIONWIDE MEDICAL CENTER	REGULAR	NO
			CALAMBA MEDICAL CENTER • BATANGAS MEDICAL CENTER	REGULAR	NO

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SKILL OR OCCUPATION (Write in full)	INCLUSIVE DATES OF ATTENDANCE From	To	NUMBER OF HOURS	TYPE OF LD (Managerial, Supervisory, Technical)	CONDUCTED/SPONSORED BY (Write in full)
N/A	N/A	N/A	N/A	N/A	N/A

TITLE OF LEARNING AND DEVELOPMENT INTERVENTION/TRAINING PROGRAM (Write in full)	INCLUSIVE DATES OF ATTENDANCE From	To	NUMBER OF HOURS	TYPE OF LD (Managerial, Supervisory, Technical)	CONDUCTED/SPONSORED BY (Write in full)
MEDICAL INTERNSHIP TRAINING	01/02/2006	01/02/2008	2706	TECHNICAL	MANILA CENTRAL HOSPITAL
INTERNAL MEDICINE RESIDENCY TRAINING	01/01/2009	31/12/2012	26,352	TECHNICAL	PALAWAN CENTRAL HOSPITAL
NUTRI-BUNDLES PART NUTRIENTS DONATION CAMPAIGN	01/03/2009	17/03/2009	16	TECHNICAL	NATIONAL NUTRITION COUNCIL REGIONAL OFFICE
MANILA BAY MEDICAL MISSION	07/03/2009	07/03/2009	16	TECHNICAL	NATIONAL MEDICAL EXPERTISE REGIONAL OFFICE
PROFESSIONAL VOLUNTEERS GROUP	08/01/2012	08/01/2012	24	TECHNICAL	ALMONDS GROUP OF COMPANIES
CLINICAL DIAGNOSIS WITH COMPUTER APPLICATION TRAINING	08/01/2013	09/01/2013	24	TECHNICAL	PALAWAN MEDICAL REGIONAL HOSPITAL
BASIC LIFE SUPPORT TRAINING	15/09/2014	17/09/2014	16	TECHNICAL	PALAWAN MEDICAL REGIONAL HOSPITAL CARDIAC CENTER
ADVANCED CARDIAC LIFE SUPPORT TRAINING	24/09/2014	25/09/2014	16	TECHNICAL	PALAWAN MEDICAL REGIONAL HOSPITAL CARDIAC CENTER
BASIC NUTRITION COUNSELING TRAINING (BNCT) INSTRUCTOR	23/01/2016	24/01/2016	16	TECHNICAL	NATIONAL NUTRITION COUNCIL REGIONAL OFFICE
BASIC NUTRITION COUNSELING TRAINING	19/01/2021	21/01/2021	24	TECHNICAL	NATIONAL NUTRITION COUNCIL REGIONAL OFFICE

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Are you related to the manager or officer of 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?	NO
a. within the third degree?	
b. within the fourth degree (for Local Government Unit - Career Employees)?	
If YES, give details:	
Have you ever been found guilty of any administrative offense?	NO
If YES, give details:	
Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	NO
If YES, give details:	
Have you ever been separated from the service in any of the following modes: resignation, retirement, dismissal from the service, forced resignation, end of term, tendered contract or phased out (abolished) in the public or private sector?	NO
If YES, give details:	
Have you ever been a candidate in a national or local election held within the last year (except Barangay elections)?	NO
If YES, give details:	
Have you resigned from the government service during the three (3)-month period before the last election to promote/secure candidacy to a national or local candidacy?	NO
If YES, give details:	
Have you resigned for reasons of an endangered or permanent condition of another relative?	NO
If YES, give details:	
Pursuant to (a) Indigenous Peoples's Act (RA 8371), (b) Magna Carta for Disabled Persons (RA 7277, as amended), and (c) Expanded Solo Parents Welfare Act (RA 11861), please answer the following items:	
Are you a member of any indigenous group?	NO
If YES, please specify:	
Are you a person with disability?	NO
If YES, please specify ID No.:	
Are you a solo parent?	NO
If YES, please specify ID No.:	

NAME	THREE (3) CHOICES (Business, Government or NGO)	DATE OF ISSUANCE (mm-dd-yyyy)
DR. ANTONIO RIVERA JR.	PHILHEALTH / DOH / NGO	06-18-2024
DR. FRANCISCO F. ANTONIO	DOH / NGO / PHILHEALTH	04-12-2024
DR. ANTONIO DINIS	DOH / NGO / PHILHEALTH	03-22-2024

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 attachment shall cause the filing of administrative/criminal case/s against me.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.): PRC
ID/License/Passport No.: 0108110
Date/Place of Issuance: 12/10/2006 — PRC MANILA
Expiration Date (if any): 12/10/2025

Signature (Sign inside the box): [signature]

Photo

Thumbmark

Office Contacting Person: office contacting person must be indicated above

Name: [signature]

Position: Office Manager, HR

Date: 14/12/2025