CS Form No. 212 Reviscd 2017

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) 2 SURNAME DIMAGIBA IAME EXTENSION (JR., SR) FIRST NAME MARIA ELOISA MIDDLE NAME VALLE 3. DATE OF BIRTH 05/15/1963 16. CITIZENSHIP (mm/dd/yyyy) ✓ Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH MAKATI RIZAL If holder of dual citizenship. Pls. indicate country: please indicate the details 5. SEX ☐ Male √ Female Single 17. RESIDENTIAL ADDRESS ✓ Married 13 A ZIPPER 6 CIVIL STATUS Widowed House/Block/Lot No ☐ Separated Street SAN LORENZO Other/s: Subdivision/Village Barangay 7. HEIGHT (m) MAKATI NCR 5'1 City/Municipality Province 8. WEIGHT (kg) 145lbs 1223 **ZIP CODE** 18. PERMANENT ADDRESS 13A ZIPPER 0+ 9. BLOOD TYPE House/Block/Lot No Street SAN LORENZO 10 GSIS ID NO Barangay Subdivision/Village MAKATI NCR 11. PAG-IBIG ID NO. 03023438505 City/Municipality Province 12. PHILHEALTH NO. 19-052685916-6 ZIP CODE 1223 13. SSS NO. 03-8417547-3 19. TELEPHONE NO. 817-0547/817-2541 14. TIN NO. 121-535-092 20. MOBILE NO. 09175344057 15. AGENCY EMPLOYEE NO 05-01-002 21. E-MAIL ADDRESS (if any) eloi.dimagiba@yahoo.com DIMAGIBA 22. SPOUSE'S SURNAME 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) FRANCIS EMIL FORT V. DIMAGIBA FIRST NAME **FORTUNATO** 03/10/1991 EARIEL FORT V. DIMAGIBA LACSON MIDDLE NAME 11/25/1993 ERIN MARIE FORT V. DIMAGIBA OCCUPATION PRESIDENT 09/01/1998 ELLEANA FORT V. DIMAGIBA NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC. EMPLOYER/BUSINESS NAME 03/02/2001 228 GABALDON ST. BRGY. SAN ROQUE, CABANATUAN CITY, NUEVA ECIJA **BUSINESS ADDRESS** TELEPHONE NO (044) 464-2063/463-9112 VALLE 24. FATHER'S SURNAME NAME EXTENSION (JR., SR) FIRST NAME **EMELIANO** GATAPIA MIDDLE NAME 25. MOTHER'S MAIDEN NAME NEYRA SURNAME FIRST NAME REMEDIOS MIDDLE NAME AHYONG (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL/ 26 PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE ACADEMIC HONORS YFAR LEVEL UNITS EARNED GRADUATED (Write in full) (Write in full) (if not graduated) RECEIVED From To ELEMENTARY AURORA A. QUEZON ELEMENTARY SCHOOL 1976 SECONDARY MALATE CATHOLIC SCHOOL 1980 VOCATIONAL / TRADE COURSE JUNIOR MANAGEMENT BS IN COMMERCE-ACCOUNTING 1982 COLLEGE ST. PAUL'S COLLEGE MANILA 1985 **GRADUATE STUDIES** minalledimagno SIGNATURE DATE LA December www

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(mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		GRADE (if applicable)& STEP	STATUS OF APPOINTMENT	GOV'T SERVICE
From	То				SALARY	(Format *00-0*)/ INCREMENT		(Y/N)	
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NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
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TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/	FRAINING PROGRAMS	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
(Write in full)							
AGUAL CORPORATE COLUMNIA CONTRACTOR CONTRACT	ODIVELIOD	From	To	100000000000000000000000000000000000000		INSTITUTE OF CORPORATE DIRECTORS	
ASIAN CORPORATE GOVERNANCE SCORECARD(ACGS) W	UKKSHOP	03/26/2015	03/26/2015			PHIL.CORPORATE ENHANCEMENT AND	
PORATE GOVERNANCE AND AMLA SEMINAR		06/21/2016	06/21/2016	5 HOURS		GOVERNANCE, INC.	
-MONEY LAUNDERING (AML) AND COUNTER-TERRORIST F IULE I: AML/CTF STANDARDS AND BASELINE TRAINING	INANCING (CTF)	16/10/2020	16/10/2020	2.5 HOURS		SGV&CO.	
I-MONEY LAUNDERING (AML) AND COUNTER-TERRORIST F	INANCING (CTF)	27/11/2020	27/11/2020	2.5 HOURS		SGV&CO.	
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SPECIAL SKILLS and HOBBIES 32.	NC	ON-ACADEMIC DIS (W	TINCTIONS / REC	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZ (Write in full)	
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		v					

34. Are you related by consanguinity or affinity to the appointing 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?	g or recommending authority, or to the e supervision over you in the Office,	☐ YES ☑ NO		
	within the fourth degree (for Local Government Unit - Career Employees)?			
35. a. Have you ever been found guilty of any administrative off	ense?	☐ YES ☑ NO If YES, give details:		
b. Have you been criminally charged before any court?	☐ YES ☑ NO If YES, give details: Date Filed: Status of Case/s:			
36. Have you ever been convicted of any crime or violation of an by any court or tribunal?	ny law, decree, ordinance or regulation	YES NO		
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, er out (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 electron Barangay election)?	. Have you ever been a candidate in a national or local election held within the last year (except arangay election)?			
	Have you resigned from the government service during the three (3)-month period before the last ection to promote/actively campaign for a national or local candidate?			
39. Have you acquired the status of an immigrant or permanent	☐ YES ☑ NO If YES, give details (country):			
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent? 		☐ YES		
41. REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)			
NAME	ADDRESS	TEL. NO.		
42. I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represent agree that any misrepresentation made in this document administrative/criminal case/s against me.	ent laws, rules and regulations of the ntative to verify/validate the contents state	Republic of the d herein.	РНОТО	
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: SSS	pemalledimage			
ID/License/Passport No.: 03-8417547-3	x)			
Date/Place of Issuance:	Signature (Sign inside the b		ight Thumbmark	
SUBSCRIBED AND SWORN to before me this	, affiant exhibit	ng his/her validly issued government ID as	s indicated above.	
	Person Administering Oat			