

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	DIMAGIBA		
FIRST NAME	FORTUNATO	NAME EXTENSION (JR., SR) JR	
MIDDLE NAME	LACSON		
3. DATE OF BIRTH (mm/dd/yyyy)	09/21/1961	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pts. indicate country:
4. PLACE OF BIRTH	MALABON RIZAL	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	13 A ZIPPER House/Block/Lot No. Street SAN LORENZO Subdivision/Village Barangay MAKATI NCR City/Municipality Province
7. HEIGHT (m)	5'8"	ZIP CODE	1223
8. WEIGHT (kg)	165lbs	18. PERMANENT ADDRESS	13 A ZIPPER House/Block/Lot No. Street SAN LORENZO Subdivision/Village Barangay MAKATI NCR City/Municipality Province
9. BLOOD TYPE	A+	ZIP CODE	1223
10. GSIS ID NO.		19. TELEPHONE NO.	
11. PAG-IBIG ID NO.	030241764809	20. MOBILE NO.	
12. PHILHEALTH NO.	01-050451160-5	21. E-MAIL ADDRESS (if any)	
13. SSS NO.	03-8119585-4		
14. TIN NO.	136-167-071		
15. AGENCY EMPLOYEE NO.	05-01-001		

II. FAMILY BACKGROUND










22. SPOUSE'S SURNAME	DIMAGIBA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARIA ELOISA	NAME EXTENSION (JR., SR)	FRANCIS EMIL FORT V. DIMAGIBA	03/10/1991
MIDDLE NAME	VALLE		EARIEL FORT D. SANTE	11/25/1993
OCCUPATION	CORPORATE SECRETARY		ERIN MARIE FORT V. DIMAGIBA	09/01/1998
EMPLOYER/BUSINESS NAME	NOVO ECIJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC.		ELLEANA FORT V. DIMAGIBA	03/02/2001
BUSINESS ADDRESS	228 GABALDON ST. BRGY. SAN ROQUE, CABANATUAN CITY, NUEVA ECIJA			
TELEPHONE NO.	(044) 4642063/463-9112			
24. FATHER'S SURNAME	DIMAGIBA			
FIRST NAME	FORTUNATO	NAME EXTENSION (JR., SR) SR		
MIDDLE NAME	CRUZ			
25. MOTHER'S MAIDEN NAME	LACSON			
SURNAME	LACSON			
FIRST NAME	AURORA			
MIDDLE NAME	JACOB			

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	ST. JAMES ACADEMY					1975	
SECONDARY	ST. JAMES ACADEMY					1979	
VOCATIONAL / TRADE COURSE							
COLLEGE	DE LA SALLE UNIVERSITY	BA MANAGEMENT				1990	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 27, 2025
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<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>														
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>														
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>														
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>														
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>														
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>														
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>														
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">NAME</th> <th style="width:40%;">ADDRESS</th> <th style="width:25%;">TEL. NO.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.											
NAME	ADDRESS	TEL. NO.													
<p>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.</p>															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: small;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td style="font-size: small;">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID: UMID</td> </tr> <tr> <td>ID/License/Passport No.: 0003-8119585-4</td> </tr> <tr> <td>Date/Place of Issuance:</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: UMID	ID/License/Passport No.: 0003-8119585-4	Date/Place of Issuance:	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: large;">  </td> </tr> <tr> <td style="text-align: center; font-size: small;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;"> <u>May 27, 2025</u> </td> </tr> <tr> <td style="text-align: center; font-size: small;">Date Accomplished</td> </tr> </table>		Signature (Sign inside the box)	<u>May 27, 2025</u>	Date Accomplished	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  </td> </tr> <tr> <td style="text-align: center; font-size: small;">PHOTO</td> </tr> <tr> <td style="text-align: center;">  </td> </tr> <tr> <td style="text-align: center; font-size: small;">Right Thumbmark</td> </tr> </table>		PHOTO		Right Thumbmark
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)															
PLEASE INDICATE ID Number and Date of Issuance															
Government Issued ID: UMID															
ID/License/Passport No.: 0003-8119585-4															
Date/Place of Issuance:															
															
Signature (Sign inside the box)															
<u>May 27, 2025</u>															
Date Accomplished															
															
PHOTO															
															
Right Thumbmark															
<p>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; width: 200px; height: 40px; margin: 10px auto;"></div> <p style="text-align: center; font-weight: bold;">Person Administering Oath</p>															

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	DIMAGIBA		NAME EXTENSION (JR., SR)
FIRST NAME	MARIA ELOISA		
MIDDLE NAME	VALLE		
3. DATE OF BIRTH (mm/dd/yyyy)	05/15/1963	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	MAKATI RIZAL	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	13 A ZIPPER House/Block/Lot No. Street SAN LORENZO Subdivision/Village Barangay MAKATI NCR City/Municipality Province
7. HEIGHT (m)	5'1	ZIP CODE	1223
8. WEIGHT (kg)	145lbs		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	13A ZIPPER House/Block/Lot No. Street SAN LORENZO Subdivision/Village Barangay MAKATI NCR City/Municipality Province
10. GSIS ID NO.		ZIP CODE	1223
11. PAG-IBIG ID NO.	03023438505		
12. PHILHEALTH NO.	19-052685916-6	19. TELEPHONE NO.	817-0547/817-2541
13. SSS NO.	03-8417547-3	20. MOBILE NO.	09175344057
14. TIN NO.	121-535-092	21. E-MAIL ADDRESS (if any)	eloi.dimagiba@yahoo.com
15. AGENCY EMPLOYEE NO.	05-01-002		

II. FAMILY BACKGROUND						
22. SPOUSE'S SURNAME	DIMAGIBA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)		
	FIRST NAME	FORTUNATO			FRANCIS EMIL FORT V. DIMAGIBA	03/10/1991
	MIDDLE NAME	LACSON			EARIEL FORT D. SANTE	11/25/1993
OCCUPATION	PRESIDENT		ERIN MARIE FORT V. DIMAGIBA	09/01/1998		
EMPLOYER/BUSINESS NAME	NOVO ECJANO TEACHERS MUTUAL BENEFIT ASSOCIATION INC.		ELLEANA FORT V. DIMAGIBA	03/02/2001		
BUSINESS ADDRESS	228 GABALDON ST. BRGY. SAN ROQUE, CABANATUAN CITY, NUEVA ECJIA					
TELEPHONE NO.	(044) 464-2063/463-9112					
24. FATHER'S SURNAME	VALLE					
	FIRST NAME	EMILIANO				
	MIDDLE NAME	GATAPIA				
25. MOTHER'S MAIDEN NAME	NEYRA					
	FIRST NAME	REMEDIOS				
	MIDDLE NAME	AHYONG	(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	AURORA A. QUEZON ELEMENTARY SCHOOL				1976		
SECONDARY	MALATE CATHOLIC SCHOOL				1980		
VOCATIONAL / TRADE COURSE							
COLLEGE	ST. PAUL'S COLLEGE MANILA	JUNIOR MANAGEMENT BS IN COMMERCE- ACCOUNTING			1982 1985		
GRADUATE STUDIES							

SIGNATURE	<i>Maria Eloisa Valle Dimagiba</i>	DATE	May 27, 2015
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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? YES NO

b. within the fourth degree (for Local Government Unit - Career Employees)? YES NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense? 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 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: _____

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? YES NO

If YES, give details: _____

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: _____

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? YES NO

If YES, please specify: _____

b. Are you a person with disability? YES NO

If YES, please specify ID No: _____

c. Are you a solo parent? YES NO

If YES, please specify ID No: _____

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 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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

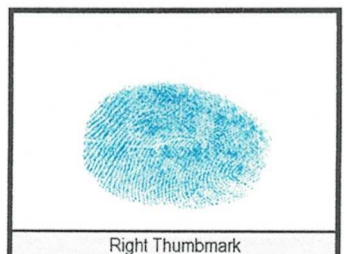
Government Issued ID: **UMID**

ID/License/Passport No.: **0003-8417547-3**

Date/Place of Issuance: _____

Maldina M. ...
Signature (Sign inside the box)

May 27, 2024
Date Accomplished



SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

PERSONAL DATA SHEET

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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	DIMAGIBA		
FIRST NAME	FRANCIS EMIL FORT	NAME EXTENSION (JR., SR)	
MIDDLE NAME	VALLE		
3. DATE OF BIRTH (mm/dd/yyyy)	03/10/1991	16. CITIZENSHIP	PHILIPPINES
4. PLACE OF BIRTH	MAKATI CITY, METRO MANILA	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	MALE		
6. CIVIL STATUS	SINGLE	17. RESIDENTIAL ADDRESS	13A ZIPPER <i>House/Block/Lot No Street</i>
7. HEIGHT (m)	1.7M		SAN LORENZO VILLAGE SAN LORENZO <i>Subdivision/Village Barangay</i>
8. WEIGHT (kg)	100 KG		MAKATI METRO MANILA <i>City/Municipality Province</i>
9. BLOOD TYPE	A+		ZIP CODE 1223
10. GSIS ID NO.		18. PERMANENT ADDRESS	13A ZIPPER <i>House/Block/Lot No Street</i>
11. PAG-IBIG ID NO.	121103971159		SAN LORENZO SAN LORENZO <i>Subdivision/Village Barangay</i>
12. PHILHEALTH NO.	01-051838778-8		MAKATI METRO MANILA <i>City/Municipality Province</i>
13. SSS NO.	34-2963583-3	19. TELEPHONE NO.	88760070
14. TIN NO.	411-581-160	20. MOBILE NO.	09175360310
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	francis_dimagiba310@yahoo.com


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	NAME EXTENSION (JR., SR)			
MIDDLE NAME			N/A	
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DIMAGIBA			
FIRST NAME	FORTUNATO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LACSON			
25. MOTHER'S MAIDEN NAME	VALLE			
SURNAME				
FIRST NAME	MARIA ELOISA			
MIDDLE NAME	NEYRA		<i>(Continue on separate sheet if necessary)</i>	

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	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION	1998	2005		2005	
SECONDARY	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION	2005	2009		2009	
VOCATIONAL / TRADE COURSE							
COLLEGE	DE LA SALLE UNIVERSITY- MANILA	BS ACCOUNTANCY	2009	2013		2013	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 27, 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)?

NO

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?

NO

If YES, give details:

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?

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

If YES, give details:

RESIGNATION

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?

NO

If YES, give details: _____

NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

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?

NO

If YES, please specify: _____

NO

If YES, please specify ID No: _____

NO

If YES, please specify ID No: _____

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 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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC

ID/License/Passport No.: 0155951

Date/Place of Issuance: Nov.7,2013

[Handwritten Signature]

Signature (Sign inside the box)

May 27, 2025

Date Accomplished



SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

PERSONAL DATA SHEET

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I. PERSONAL INFORMATION

2. SURNAME	SANTE		NAME EXTENSION (JR., SR)
FIRST NAME	EARIEL FORT		
MIDDLE NAME	DIMAGIBA		
3. DATE OF BIRTH (mm/dd/yyyy)	11/25/1993	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	MAKATI PHILIPPINES	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	13A ZIPPER Street SAN LORENZO VILLAGE SAN LORENZO Barangay Subdivision/Village MAKATI Province City/Municipality
7. HEIGHT (m)	1.68m	ZIP CODE	1223
8. WEIGHT (kg)	61kg	18. PERMANENT ADDRESS	13A ZIPPER Street SAN LORENZO VILLAGE SAN LORENZO Barangay Subdivision/Village MAKATI Province City/Municipality
9. BLOOD TYPE	A+	ZIP CODE	1223
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	+632 88170547
11. PAG-IBIG ID NO.	1211-6308-2543	20. MOBILE NO.	+639175361125
12. PHILHEALTH NO.	01-052196623-3	21. E-MAIL ADDRESS (if any)	efvdimagiba@yahoo.com
13. SSS NO.	34-4939962-5		
14. TIN NO.	326 124 254 0000		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	SANTE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	RON ALLEN	NAME EXTENSION (JR., SR)	Anton Emilio D. Sante	09/05/2023
MIDDLE NAME	PE BENITO			
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	DIMAGIBA			
FIRST NAME	FORTUNATO	JR.		
MIDDLE NAME	LACSON			
25. MOTHER'S MAIDEN NAME	VALLE			
SURNAME	MARIA ELOISA			
FIRST NAME	NEYRA			
MIDDLE NAME				

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	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION	2001	2007			
SECONDARY	COLEGIO SAN AGUSTIN MAKATI	BASIC EDUCATION	2007	2011			
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	ATENEO DE MANILA UNIVERSITY	AB EUROPEAN STUDIES	2011	2015			
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE	<i>efvdant</i>	DATE	May 27, 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? YES NO

b. within the fourth degree (for Local Government Unit - Career Employees)? YES NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense? 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 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: _____

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? YES NO

If YES, give details: _____

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: _____

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? YES NO

If YES, please specify: _____

b. Are you a person with disability? YES NO

If YES, please specify ID No: _____

c. Are you a solo parent? YES NO

If YES, please specify ID No: _____

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 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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **UMID**

ID/License/Passport No.: **CRN-011-3072-8378-1**

Date/Place of Issuance: _____

epobanti

Signature (Sign inside the box)

May 27, 2025

Date Accomplished



SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

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	DIMAGIBA		NAME EXTENSION (JR., SR)
FIRST NAME	ERIN MARIE FORT		
MIDDLE NAME	VALLE		
3. DATE OF BIRTH (mm/dd/yyyy)	09/01/1998	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	MAKATI	If holder of dual citizenship, please indicate the details.	
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	13 A ZIPPER Street SAN LORENZO Barangay MAKATI Province 1223
7. HEIGHT (m)	1.55	18. PERMANENT ADDRESS	13 A ZIPPER Street SAN LORENZO Barangay MAKATI Province 1223
8. WEIGHT (kg)	72.5	19. TELEPHONE NO.	9976-0070
9. BLOOD TYPE		20. MOBILE NO.	09178780901
10. GSIS ID NO.		21. E-MAIL ADDRESS (if any)	erindimagiba@gmail.com
11. PAG-IBIG ID NO.	121277305170		
12. PHILHEALTH NO.	01-250266360		
13. SSS NO.	34-9966469-8		
14. TIN NO.	184-968-355		
15. AGENCY EMPLOYEE NO.			

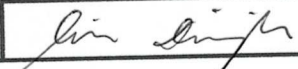
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NAME EXTENSION (JR., SR)		
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME	DIMAGIBA		
FIRST NAME	FORTUNATO	NAME EXTENSION (JR., SR) JR	
MIDDLE NAME	LACSON		
25. MOTHER'S MAIDEN NAME			
SURNAME	VALLE		
FIRST NAME	MARIA ELOISA		
MIDDLE NAME	NEYRA		

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	COLEGIO SAN AGUSTIN		2003	2012			
SECONDARY	COLEGIO SAN AGUSTIN		2012	2016			
VOCATIONAL / TRADE COURSE							
COLLEGE	DE LA SALLE UNIVERSITY-TAFT	AB-COMMUNICATION ARTS	2016	2020			
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 27, 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: _____

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)

NAME	ADDRESS	TEL. NO.
CHRISTIAN KYLE GRAGANTA	SOUTH CEMBO	9171302953
DONNELL REYES	METRO MANILA	9164117177



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.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
 PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **PASSPORT**

ID/License/Passport No.: **P8717093A**

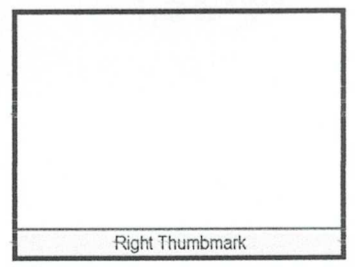
Date/Place of Issuance: **SEPT.12,2018/DFA MANILA**

Christian Kyle Graganta

Signature (Sign inside the box)

May 27, 2024

Date Accomplished



SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath

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	LIM			NAME EXTENSION (JR., SR)
FIRST NAME	JOSELITO			
MIDDLE NAME	DIONISIO			
3. DATE OF BIRTH (mm/dd/yyyy)	05/05/1968	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	MALABON CITY	If holder of dual citizenship, please indicate the details.		
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	BLOCK 7 LOT 5 ST.MARGARET House/Block/Lot No. Street DECA HOMES LOMA DE GATO Subdivision/Village Barangay MARILAO BULACAN City/Municipality Province	
7. HEIGHT (m)	1.67M	ZIP CODE	3019	
8. WEIGHT (kg)	75kg	18. PERMANENT ADDRESS	BLOCK 7 LOT 5 MARGARET House/Block/Lot No. Street DECA HOMES LOMA DE GATO Subdivision/Village Barangay MARILAO BULACAN City/Municipality Province	
9. BLOOD TYPE	AB	ZIP CODE	3019	
10. GSIS ID NO.		19. TELEPHONE NO.		
11. PAG-IBIG ID NO.	030234357508	20. MOBILE NO.		
12. PHILHEALTH NO.	07-050390565-3	21. E-MAIL ADDRESS (if any)	joey_lim5@yahoo.com.ph	
13. SSS NO.	03-8899132-3			
14. TIN NO.	164-135-993			
15. AGENCY EMPLOYEE NO.				

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	LIM		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	KAREN	NAME EXTENSION (JR., SR)	JOSE KARLO RODRIGO B. LIM	01/25/2002
MIDDLE NAME	BRIONES			
OCCUPATION	NONE			
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	LIM			
FIRST NAME	ROGELIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DE SILVA			
25. MOTHER'S MAIDEN NAME				
SURNAME	DIONISIO			
FIRST NAME	MEDITA			
MIDDLE NAME	BASCO			

(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	TONSUYA ELEMENTARY SCHOOL		1975	1981			
SECONDARY	ELISA ESGUERRA HIGH SHOO L		1981	1985			
VOCATIONAL / TRADE COURSE							
COLLEGE	UNIVERSITY OF THE EAST	BSA ACCOUNTING	1988	1993			
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 27, 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? YES NO

b. within the fourth degree (for Local Government Unit - Career Employees)? YES NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense? 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 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: _____

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? YES NO

If YES, give details: _____

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: _____

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? YES NO

If YES, please specify: _____

b. Are you a person with disability? YES NO

If YES, please specify ID No: _____

c. Are you a solo parent? YES NO

If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.



PHOTO

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.

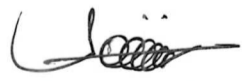
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)

PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **SSS**

ID/License/Passport No.: **03-8899132-3**

Date/Place of Issuance: _____



Signature (Sign inside the box)

MAY 27, 2018

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

 Person Administering Oath

PERSONAL DATA SHEET

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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	ADELANTE		
FIRST NAME	RHEA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	BERNANDINO		
3. DATE OF BIRTH (mm/dd/yyyy)	11/09/1977	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	PENARANDA, NUEVA ECIJA	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	65 CASTILLANO Street SAN LEONARDO Barangay NUEVA ECIJA Province ZIP CODE 3102
7. HEIGHT (m)	1.57M	18. PERMANENT ADDRESS	65 CASTILLANO Street SAN LEONARDO Barangay NUEVA ECIJA Province ZIP CODE 3102
8. WEIGHT (kg)	85kg	19. TELEPHONE NO.	
9. BLOOD TYPE	A	20. MOBILE NO.	
10. GSIS ID NO.		21. E-MAIL ADDRESS (if any)	rhea_adelante@yahoo.com
11. PAG-IBIG ID NO.	0302-34358102		
12. PHILHEALTH NO.	020500085348		
13. SSS NO.	02-1650019-0		
14. TIN NO.	205-371-723		
15. AGENCY EMPLOYEE NO.			

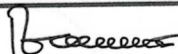
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	ADELANTE		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	DENNIS	NAME EXTENSION (JR., SR)	YVAN GABRIEL B. ADELANTE	10/18/2005
MIDDLE NAME	TIANGCO			
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	BERNANDINO			05/01/1954
FIRST NAME	FELIPE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	LORENZO			
25. MOTHER'S MAIDEN NAME				
SURNAME	GABOY			01/29/1954
FIRST NAME	FLORIDA			
MIDDLE NAME	AVES			(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	LAS PINAS ELEMENTARY SCHOOL		1984	1990		1990	
SECONDARY	PENARANDA NATIONAL HIGH SCHOOL		1990	1995		1995	
VOCATIONAL / TRADE COURSE							
COLLEGE	WESLEYAN UNIVERSITY PHILS.	BSA ACCOUNTING	1995	1998		1998	
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 27, 2018
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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? YES NO

b. within the fourth degree (for Local Government Unit - Career Employees)? YES NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense? 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 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: _____

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? YES NO

If YES, give details: _____

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: _____

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? YES NO

If YES, please specify: _____

b. Are you a person with disability? YES NO

If YES, please specify ID No: _____

c. Are you a solo parent? YES NO

If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.



PHOTO

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.

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**

ID/License/Passport No.: **02-1650019-0**

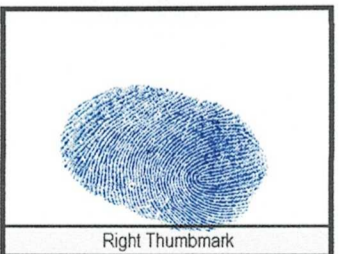
Date/Place of Issuance: _____



Signature (Sign inside the box)

May 27, 2018

Date Accomplished



Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath