CS Form No. 212

Revised 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.

E CIVIL STATUS Single	READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes		•	•			1. CS ID No.	<u> </u>	(Do not fill up.	For CSC use only)
NECOLAN NATION	I. PERSONAL INFORMATIO	N								
MINOLAR MATIGA	2. SURNAME	MATA								
SCHICK PRINT	FIRST NAME	NIÑO JAN	NIÑO JAN							
SCHICK PRINT	MIDDLE NAME	MATIGA								
Funce of Birth			01/15/2000	16. CITIZENSHIP		☐ Eilin	ino F	1 Dual Citizonchin		
S. SEC	(mm/dd/yyyy)								_	
S. SEX	4. PLACE OF BIRTH	DANA	AO CITY, CEBU	If holder of dual citizenship		ship, Pls. indicate o			ountry:	
Widnewed	5. SEX	✓ Male	Female	please indicate the o	letails.	Philippines	1			•
Comparison Com	6 CIVIL STATUS	Widowed		17. RESIDENTIAL ADDRE		Zone 1			Guadalupe	
8. WEIGHT (vg)	7. HEIGHT (m)		1.69							
House@BookLat No. Street	8. WEIGHT (kg)		70	ZIP CODE					TTOVIIIOO	
MASSIR M	9. BLOOD TYPE		NA	18. PERMANENT ADDRE	Н	ouse/Block/Lot	No.		Street	
11 PAG-BIRG ID NO.	10. GSIS ID NO.		NA						MASABA	
12. PHILIFEALTH NO.	11. PAG-IBIG ID NO.		NA							
13. SSS NO. NA 19. TELEPHONE NO. NA 19. TELEPHONE NO. NA 19. TELEPHONE NO. H639293668947 14. TIN NO. NA 20. MGBILE NO. +639293668947 15. AGENCY EMPLOYEE NO. NA 21. E-MAIL ADDRESS (# DI_MATE @ VSU_edu_ph II. FAMILY BACKGROUND 22. SPOUSES SURNANIE NA 22. NAME of CHILDREN (Wine full name and list all) DATE OF BIRTH (mmiddly)y FIRST NAME NA				ZID CODE		City/Municipal	ity	6004	Province	
14. TIN NO.										
15. AGENCY EMPLOYEE NO. NA 21. E-MAIL ADDRESS (# nj.mata@vsu.edu.ph II. FAMILY BACKGROUND 22. SPOUSES SURNAME										
	14. TIN NO.			20. MOBILE NO.						
22. SPOUSE'S SURNAME NA			NA	21. E-MAIL ADDRESS (if			<u>nj.ma</u>	ta@vsu.edu.p	<u>oh</u>	
FIRST NAME MIDDLE NAME NA									ı	
NA	22. SPOUSE'S SURNAME				23. NAME o	of CHILDREN		e and list all)	DATE OF BIR	TH (mm/dd/yyyy)
OCCUPATION NA	FIRST NAME		NA	SR) N/A					1	NA
EMPLOYER/BUSINESS NAME BUSINESS ADDRESS NA NA NA NA NA NA NA TELEPHONE NO. NA NA NA NA NA NA NA NA NA N	MIDDLE NAME								1	NA
BUSINESS ADDRESS NA NA NA NA NA NA TELEPHONE NO. NA MATA RAMON NA NA NA NA NA NA NA NA NA	OCCUPATION		NA					NA		
TELEPHONE NO. NA NA NA NA NA NA NA NA NA N	EMPLOYER/BUSINESS NAME		NA						NA	
24. FATHER'S SURNAME FIRST NAME MIDDLE NAME BARBERO NA NA NA NA NA NA NA NA NA N	BUSINESS ADDRESS		NA					NA		
FIRST NAME RAMON NAME EXTENSION (JR., SR) NA	TELEPHONE NO.		NA					NA		
MIDDLE NAME BARBERO SR) N/A NA NA NA SR) N/A NA NA NA NA SURNAME FIRST NAME FIRST NAME MATIGA EVA CANE CANE CANE CANE CANE COntinue on separate sheet if necessary) III. EDUCATIONAL BACKGROUND III. EDUCATIONAL BACKGROUND EDUCATION/DEGREE/COURSE (Write in full) EDUCATION/DEGREE/COURSE (Write in full) From To From To FIRST HIGHEST LEVEL VYEAR GRADUATED ACADEMIC HONORS RECEIVED FROM TO HIGHEST LEVEL VYEAR GRADUATED HONORS RECEIVED HONORS HONORS RECEIVED HONORS HONORS RECEIVED	24. FATHER'S SURNAME	MATA						NA		
25. MOTHER'S MAIDEN NAME SURNAME MATIGA MATIGA EVA CANE CANE MAME OF SCHOOL (Write in full) BASIC EDUCATIONAL BACKGROUND ELEWEL NAME OF SCHOOL (Write in full) ELEMENTARY LEONA D. ZAMORA ELEMENTARY SCHOOL NA NA NA NA NA NA NA NA NA N	FIRST NAME	RAMON						NA		
SURNAME MATIGA FIRST NAME EVA MIDDLE NAME CANE (Continue on separate sheet if necessary) III. EDUCATIONAL BACKGROUND 26. LEVEL NAME OF SCHOOL (Write in full) (Write in full) ELEMENTARY LEONA D. ZAMORA ELEMENTARY SCHOOL NA NA NA NA NA NA NA NA PERIOD OF ATTENDANCE PERIOD OF ATTENDANCE (Write in full) From To From To FIRST HIGHEST LEVEL/ UNITS EARNED (if not graduated) (if not graduated) FIRST HONORABLE FIRST HONORABLE	MIDDLE NAME	BARBERO			NA			NA		
FIRST NAME EVA CANE (Continue on separate sheet if necessary) III. EDUCATIONAL BACKGROUND 26. LEVEL NAME OF SCHOOL (Write in full) (Write in full) ELEMENTARY LEONA D. ZAMORA ELEMENTARY SCHOOL NA NA NA NA NA NA NA NA NA N	25. MOTHER'S MAIDEN NAME							NA		
MIDDLE NAME CANE (Continue on separate sheet if necessary) III. EDUCATIONAL BACKGROUND 26. LEVEL NAME OF SCHOOL (Write in full) (Write in full) ELEMENTARY LEONA D. ZAMORA ELEMENTARY SCHOOL NA (Continue on separate sheet if necessary) BASIC EDUCATION/DEGREE/COURSE (Write in full) From To From To FIRST HIGHEST LEVEL/ UNITS EARNED (if not graduated) (if not graduated) FIRST HONORABLE HONORABLE	SURNAME	MATIGA					NA		I	NA
III. EDUCATIONAL BACKGROUND BASIC EDUCATION/DEGREE/COURSE Write in full) ELEMENTARY LEONA D. ZAMORA ELEMENTARY SCHOOL LEONA D. ZAMORA ELEMENTARY SCHOOL NA 2006 2012 NA 2012 SCHOLARSH ACADEMIC HIGHEST LEVEL/ UNITS EARNED (if not graduated) FIRST HONORABLE	FIRST NAME	EVA			NA		NA			
26. LEVEL NAME OF SCHOOL (Write in full) EDUCATION/DEGREE/COURSE (Write in full) ELEMENTARY NAME OF SCHOOL (Write in full) EDUCATION/DEGREE/COURSE (Write in full) EDUCATION/DEGREE/COURSE (Write in full) From To From To FIRST HIGHEST LEVEL/UNITS EARNED (if not graduated) FIRST HONORABLE HIGHEST LEVEL/UNITS EARNED (if not graduated) FIRST HONORABLE HONORABLE	MIDDLE NAME	CANE					(Continue on	separate sheet if ned	cessary)	
26. LEVEL NAME OF SCHOOL (Write in full) EDUCATION/DEGREE/COURSE (Write in full) From To ELEMENTARY LEONA D. ZAMORA ELEMENTARY SCHOOL NAME OF SCHOOL (Write in full) EDUCATION/DEGREE/COURSE (Write in full) From To PERIOD OF ATTENDANCE UNITS EARNED (If not graduated) PERIOD OF ATTENDANCE UNITS E	III. EDUCATIONAL BACKG	ROUND								
ELEMENTARY LEONA D. ZAMORA ELEMENTARY SCHOOL NA 2006 2012 NA 2012 HONORABLE	26. LEVEL			EDUCATION/DEGREE/	ON/DEGREE/COURSE			UNITS EARNED		
	ELEMENTARY	LEONA D. ZAMO	RA ELEMENTARY SCHOOL	NA				NA	2012	FIRST HONORABLE

SECONDARY	RAMON M. DURANO SR. FOUNDATION - SCIENCE AND TECHNOLOGY EDUCATION CENTER	NA	2012	2018	NA	2018	WITH HONORS
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	VISAYAS STATE UNIVERSITY	AGRICULTURAL AND RIOSYSTEMS ENGINEERING	2018	2023	NA	2023	NA
GRADUATE STUDIES	NA	NA	NA	NA	NA	NA	NA
(Continue on separate sheet if necessary)							
SIGNATURE		DATE	JULY 27, 202	3	CS FORM 212 (Revised 2017), Page 1 of 4		

IV. CIVIL SER\							LICENSE (if a	anliaghla\
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT		NUMBER	Date of	
ВА	NA	TY/DRIVER'S LICENSE	NA	NA NA	N/		NA	Validity NA
	NA .		NA .	IVA	IN/	-	NA .	NA
				(Continue on separate sheet if necessary)				
V. WORK EXP		Start from your recent wo	ork) Description of	duties should be indicated in the attached Work E	vnerience shee	<i>t</i>		
28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TI (Write in full/Do not	ITLE	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate) SALARY MONTHLY SALARY SALARY SALARY			STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	То					INCREMENT		
11/21/2022	Present	TUTOR		LITERACY PAL	2000.00		CONTRACTUAL	N
03/08/2021	05/10/2021	STUDENT ASS	SISTANT	VISAYAS STATE UNIVERSITY BAYBAY	2000.00		CONTRACTUAL	Y
01/07/2019	02/04/2019	STUDENT ASS	SISTANT	VISAYAS STATE UNIVERSITY BAYBAY	2000.00		CONTRACTUAL	Y
	 							
				(Continue on separate sheet if necessary)				
SIGNAT	TURE			DATE	JULY 27, 2023	CS FORM 2	212 (Revised 2017), F	Page 2 of 4

/I. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT /	PEOPLE / VC	JLUNIARY U	RGANIZATIOI	v/3		
NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIV (mm/do	/E DATES d/yyyy) To	NUMBER OF HOURS		POSITION / NATURE OF WORK	
HINGYAP PH, VISAYAS STATE UNIVERSITY		PRESENT	_	VICE-PRESIDEN	NT	
HINGYAP PH, EASTERN VISAYAS	09/09/2021	PRESENT	-	VOLUNTEER		
(Con)	tinue on separate s	hoot if nocossary				
/II. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR	· ·	•				
III. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR Start from the most recent L&D/training program and include only the relevant L&D/training taken for			ef/Executive/Mana	gerial positions)		
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE ATTEN (mm/do	DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
FORUM ON ACCELERATING TRANSITIONS TO A SUSTAINABLE FUTURE	From 07/27/2023	To 07/27/2023	3 HRS	TEAM TRAINING	AANCop, VSU, and CME	
OUTHLED - LOCAL YOUTH ASSEMBLY	05/31/2023	06/02/2023	16 HRS	TEAM TRAINING	USAID, AND THE ASIA FOUNDATION	
TYPHOON AWARENESS AND CALAMITY READINESS	06/29/2022	06/29/2022	4 HRS		DEPARTMENT OF METEOROLOGY, AND VISAYAS STATE UNIVERSITY	
MPOWER: YOUTH LEADERSHIP AND HEATH ADVOCACY CAMP 2022	04/14/2022	04/17/2022	24 HRS	TEAM TRAINING	UNILAB FOUNDATION	
MERGING TRENDS IN PHYSICS AND ITS APPLICATION	02/22/2022	02/22/2022	4 HRS	WEBINAR	DEPARTMENT OF PHYSICS, AND VSU	
OUTH FORWARD PH, BILIRAN	01/15/2022	01/15/2022	8 HRS	TECHNICAL	UNILAB FOUNDATION	
ACCINES SAVES LIFE MOVEMENT, CATBALOGAN CITY, SAMAR	12/09/2021	12/09/2021	8 HRS	TECHNICAL	UNILAB FOUNDATION	
RESEARCH ETHICS FOR TEACHERS AND STUDENTS	10/13/2021	10/13/2021	4 HRS	WEBINAR	UNIVERSITY OF THE PHILIPPINES CEBU	
SUSTAINABLE ENERGY SOURCE	10/13/2021	10/13/2021	4 HRS	WEBINAR	ALAB SOLUTIONS INC.	
POLLUTION AND SOLUTION	10/12/2021	10/12/2021	4 HRS	WEBINAR	ALAB SOLUTIONS INC.	
JPV CONSULTANCY SURVEY	06/17/2021	06/20/2021	24 HRS	TEAM TRAINING	JPV CONSULTANCY	
IST PSABE-PPG, VISAYAS STATE UNIVERSITY, BAYBAY CITY, LEYTE	02/08/2019	02/11/2019	24 HRS	TECHNICAL	PSABE	
(Com	tinue on separate s	heet if necessary)				
II. OTHER INFORMATION						

SPECIAL SKILLS and HOBBIES	(Write in full)			33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
VOLUNTEERING					EMS ENGINEERING - PRE PROFESSIONAL	
TRAVELLING						
FARMING						
(Continue on separate sheet if necessary)						
SIGNATURE		DATE	JULY 27, 2023		CS FORM 212 (Revised 2017), Page 3 of 4	

34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate a Bureau or Department where you will be apppointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Care		☑ NO ☑ NO tails:	
35.	a. Have you ever been found guilty of any administrative offer	nse?	YES	☑ NO
	b. Have you been criminally charged before any court?	If YES, give de	tails: NO	
			If YES, give de	tails: Date Filed:
			St	tatus of Case/s:
36.	Have you ever been convicted of any crime or violation of any any court or tribunal?	/ law, decree, ordinance or regulation by	YES If YES, give de	☑ NO tails:
37.	Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, enc (abolition) in the public or private sector?	☑ YES ☐ NO If YES, give details: FINISHED CONTRACT		
38	a. Have you ever been a candidate in a national or local elect	ion held within the last year (except		
	Barangay election)?	☐ YES If YES, give det	☑ NO ails:	
	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 ails:
39.	9. Have you acquired the status of an immigrant or permanent resident of another country?			✓ NO tails (country):
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magr 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), p	``		
a.	Are you a member of any indigenous group?		YES If YES, please spe	☑ NO ecify:
b.	Are you a person with disability?		YES If YES, please spe	✓ NO ecify ID No:
C.	Are you a solo parent?			✓ NO ecify ID No:
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /ap			
	NAME	ADDRESS	TEL. NO.	
	IRENE A. GUNGOB	DANAO CITY, CEBU	9186627135	
	SHEENA MAE P. LUBRIO	BAYBAY CITY, LEYTE	9286800902	
	DANIEL LESLIE S. TAN	BAYBAY CITY, LEYTE	9328685396	
42.	I declare under oath that I have personally accomplished this statement pursuant to the provisions of pertinent laws, ru		•	

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.



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:					
	Signature (Sign inside the box)	1			
Date/Place of Issuance:	Date Accomplished	Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	, affiant exhibiting his/her validly issued government ID as indicated above.				
		1			
	ATTY. RYSAN C. GUINOCOR				
	Person Administering Oath				
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