

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 | CAPUNO | | |
| FIRST NAME | CHRISTELLE VENUS | NAME EXTENSION (JR., SR) N/A | |
| MIDDLE NAME | FELICILDA | | |
| 3. DATE OF BIRTH (mm/dd/yyyy) | 7/14/1994 | 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 | BAYBAY CITY, LEYTE | 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 | Apt 42 Kilbourne House/Block/Lot No. Street VSU Campus Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province |
| 7. HEIGHT (m) | 1.63 | ZIP CODE | 6521 |
| 8. WEIGHT (kg) | 70.00 | 18. PERMANENT ADDRESS | Apt 42 Kilbourne House/Block/Lot No. Street VSU Campus Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province |
| 9. BLOOD TYPE | B+ | ZIP CODE | 6521 |
| 10. GSIS ID NO. | 2006190382 | 19. TELEPHONE NO. | (053) 563-8935 |
| 11. PAG-IBIG ID NO. | 121308888625 | 20. MOBILE NO. | +639175775747 |
| 12. PHILHEALTH NO. | 01-026597931-4 | 21. E-MAIL ADDRESS (if any) | christelle.capuno@vsu.edu.ph |
| 13. SSS NO. | N/A | | |
| 14. TIN NO. | 605-268-653 | | |
| 15. AGENCY EMPLOYEE NO. | V02058 | | |

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 | N/A | NAME EXTENSION (JR., SR) N/A | N/A | N/A |
| MIDDLE NAME | N/A | | | |
| OCCUPATION | N/A | | | |
| EMPLOYER/BUSINESS NAME | N/A | | | |
| BUSINESS ADDRESS | N/A | | | |
| TELEPHONE NO. | N/A | | | |
| 24. FATHER'S SURNAME | CAPUNO | | | |
| FIRST NAME | OTHELLO | NAME EXTENSION (JR., SR) | | |
| MIDDLE NAME | BATULAN | | | |
| 25. MOTHER'S MAIDEN NAME | | | | |
| SURNAME | FELICILDA | | | |
| FIRST NAME | RUFINA | | | |
| MIDDLE NAME | LAGUMBAY | | (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 | Visca Foundation Elementary School | Primary Education | 2001 | 2007 | N/A | 2007 | Cross Valedictorian Best in Academic |
| SECONDARY | Visayas State University Laboratory High School | High School | 2007 | 2011 | N/A | 2011 | With High Honors |
| VOCATIONAL / TRADE COURSE | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| COLLEGE | University of Santo Tomas | Bachelor of Science in Pharmacy | 2011 | 2015 | N/A | 2015 | None |
| GRADUATE STUDIES | University of the East Ramon Magsaysay Memorial Medical Center Inc. | Doctor of Medicine | 2016 | 2020 | N/A | 2020 | None |

| | | | |
|-----------|---|------|----------|
| SIGNATURE |  | DATE | 12/22/23 |
|-----------|---|------|----------|

| IV. CIVIL SERVICE ELIGIBILITY | | | | | |
|-------------------------------|---|---------------------------|--------------------------------------|-----------------------------------|-------------------------|
| 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 | LICENSE (if applicable) |
| | | | | | NUMBER |
| | RA 5921 (Pharmacist Licensure Exam) | | July 18-19, 2015 | Manila, Philippines | 67549 7/14/2018 |
| | RA 2382 (Physician Licensure Exam) | | October 30-31, November 1-2, 2021 | Manila, Philippines | 156881 7/14/2024 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |


(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

| | |
|-----------|---|
| SIGNATURE |  |
|-----------|---|

| | |
|-----------|---|
| SIGNATURE |  |
|-----------|---|

DATE _____

12/22/23

[illegible]

| 29. | NAME & ADDRESS OF ORGANIZATION (Write in full) | INCLUSIVE DATES (mm/dd/yyyy) | | NUMBER OF HOURS | POSITION / NATURE OF WORK |
|-----|---|---------------------------------|-----------|-----------------|---------------------------------------|
| | | From | To | | |
| | Alliance for Improving Health Outcomes Inc. (AIHO) Room 406, Veria 1 Building, #62 West Avenue, West Triangle, Quezon City 1104 | 7/16/2018 | 7/20/2018 | 40.0 | Immersion at Limasawa, Southern Leyte |
| | UERM MedKom 64 Aurora Blvd. Doña Imelda, Quezon City Philippines 1113 | 3/24/2018 | 3/24/2018 | 8.0 | Medical Mission at Rodriguez, Rizal |
| | TFUC Task Force Paghihilom, Kadamay-Pandi and UERM MedKom 64 Aurora Blvd. Doña Imelda, Quezon City Philippines 1113 | 4/13/2019 | 4/13/2019 | 8.0 | Medical Mission at Pandi, Bulacan |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Continue on separately sheet if necessary.

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

| 30. | TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full) | INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy) | | NUMBER OF HOURS | Type of LD (Managerial/ Supervisory/ Technical/etc) | CONDUCTED/ SPONSORED BY (Write in full) |
|-----|--|---|------------|-----------------|---|---|
| | | From | To | | | |
| | Basic Life Support | 7/12/2023 | 7/14/2023 | 12.0 | Technical | Visayas State University - USHER |
| | Standard First-Aid | 7/12/2023 | 7/14/2023 | 12.0 | Technical | Visayas State University - USHER |
| | PMA-UNILAB CPD/Regional General Assembly | 4/30/2023 | 4/30/2023 | 8.0 | Informative | Ormoc City Medical Society |
| | Advanced Cardiovascular Life Support | 5/4/2022 | 5/4/2022 | 8.0 | Technical | Academy of Emergency Sciences |
| | Basic Life Support | 5/2/2022 | 5/2/2022 | 8.0 | Technical | Academy of Emergency Sciences |
| | COVID Crisis Care: A Cross-Disciplinary Case Discussion | 9/24/2020 | 9/24/2020 | 2.0 | Informative | Metro Pacific Hospital Holdings Inc. |
| | Basic Life Support | 12/15/2018 | 12/15/2018 | 8.0 | Technical | University of the East-RMMMCi |
| | Basic Life Support | 5/11/2017 | 5/11/2017 | 8.0 | Technical | UST FMS Life Support Training Center |
| | Philippine Pharmaceutical Research Congress | 2/20/2015 | 2/21/2015 | 16.0 | Informative | UST Research Cluster for Natural and Applied Sciences |

[illegible]







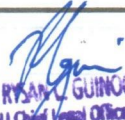
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

| | | | | | |
|-----|-----------------------------------|-----|--|-----|---|
| 31. | SPECIAL SKILLS and HOBBIES | 32. | NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) | 33. | MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full) |
| | Computer savvy | | N/A | | Ormoc City Medical Society |
| | Sports enthusiast | | | | UERM MedKom |
| | Basic Korean and Italian language | | | | Junior Pharmacists' Association |
| | | | | | Faculty of Pharmacy Student Council |
| | | | | | |
| | | | | | |
| | | | | | |

~~Continue on separate sheet if necessary.~~

| | | | |
|-----------|----------------|------|----------|
| SIGNATURE | <i>Deborah</i> | DATE | 12/22/23 |
|-----------|----------------|------|----------|

| <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>Date Filed: _____</p> <p>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>Dr. Kenneth E. Cantalejo</td> <td>Lot 4D Blk 26 Chestnut Street West Fairview Subd., Fairview, Quezon City</td> <td>9064872328</td> </tr> <tr> <td>Dr. Reuben A. Candelario</td> <td>Block 33, Lot 29 Soldiers Village, Putatan Muntinlupa City</td> <td>9174759524</td> </tr> <tr> <td>Lualhati M. Noriel</td> <td>92 Lantican St., Jubileeville Subdivision, Brgy. Masaya, Bay, Laguna</td> <td>9171793130</td> </tr> </tbody> </table> | | NAME | ADDRESS | TEL. NO. | Dr. Kenneth E. Cantalejo | Lot 4D Blk 26 Chestnut Street West Fairview Subd., Fairview, Quezon City | 9064872328 | Dr. Reuben A. Candelario | Block 33, Lot 29 Soldiers Village, Putatan Muntinlupa City | 9174759524 | Lualhati M. Noriel | 92 Lantican St., Jubileeville Subdivision, Brgy. Masaya, Bay, Laguna | 9171793130 | | |
| NAME | ADDRESS | TEL. NO. | | | | | | | | | | | | | |
| Dr. Kenneth E. Cantalejo | Lot 4D Blk 26 Chestnut Street West Fairview Subd., Fairview, Quezon City | 9064872328 | | | | | | | | | | | | | |
| Dr. Reuben A. Candelario | Block 33, Lot 29 Soldiers Village, Putatan Muntinlupa City | 9174759524 | | | | | | | | | | | | | |
| Lualhati M. Noriel | 92 Lantican St., Jubileeville Subdivision, Brgy. Masaya, Bay, Laguna | 9171793130 | | | | | | | | | | | | | |
| <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 colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PRC</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>0156881</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>PICC, Manila (11/23/2021)</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: | PRC | ID/License/Passport No.: | 0156881 | Date/Place of Issuance: | PICC, Manila (11/23/2021) | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 80px;">  </td> </tr> <tr> <td style="text-align: center;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center;">21 December 2023</td> </tr> <tr> <td style="text-align: center;">Date Accomplished</td> </tr> </table> |  | Signature (Sign inside the box) | 21 December 2023 | Date Accomplished |
| 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.: | 0156881 | | | | | | | | | | | | | | |
| Date/Place of Issuance: | PICC, Manila (11/23/2021) | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Signature (Sign inside the box) | | | | | | | | | | | | | | | |
| 21 December 2023 | | | | | | | | | | | | | | | |
| Date Accomplished | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">  </td> </tr> <tr> <td style="text-align: center;">Right Thumbmark</td> </tr> </table> | |  | Right Thumbmark | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Right Thumbmark | | | | | | | | | | | | | | | |
| <p>SUBSCRIBED AND SWORN to before me this <u>27 DEC 2023</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">  ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer </p> <p style="text-align: center;">Person Administering Oath</p> </div> | | | | | | | | | | | | | | | |

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word *Present*, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: October 3, 2022 - Present
- Position: Medical Officer III
- Name of Office/Unit: University Services for Health, Emergency and Rescue (USHER)
- Name of Agency/Organization and Location: Visayas State University
- List of Accomplishments and Contributions (if any)
 - Conduct medical and physical examination of new and old students and employees, conduct medical consultation for OPD patients
 - Admit patients and do necessary follow-up and referrals when needed
 - Create health programs and organize and conduct health promotion activities
- Summary of Actual Duties
 - Conduct medical and physical examination of students and employees
 - Consult/admit patients and perform necessary follow-up and referrals when needed
 - Organize and conduct health promotion activities
- Duration: June 17-18, 2022
- Position: Annual Physical Exam Doctor
- Name of Office/Unit: HealthFirst Clinic
- Name of Agency/Organization and Location: Health Delivery System Inc., Williams Building, Greenfield District, Mandaluyong City
- List of Accomplishments and Contributions (if any)
 - Interpret laboratory results of employees,
 - Recommend employees if fit to work
 - Refer patients with abnormal results to the appropriate specialist
- Summary of Actual Duties
 - Conduct Annual Physical Exam to the UNILAB employees

- Duration: May 25, 2022 – June 1, 2022
- Position: Annual Physical Exam Doctor
- Name of Office/Unit: HealthFirst Clinic
- Name of Agency/Organization and Location: Health Delivery System Inc., Williams Building, Greenfield District, Mandaluyong City


- List of Accomplishments and Contributions (if any)
 - Interpret laboratory results of employees
 - Recommend employees if fit to work
 - Refer patients with abnormal results to the appropriate specialist

- Summary of Actual Duties
 - Conduct Annual Physical Exam to the UNILAB employees

- Duration: December 3, 2021
- Position: Annual Physical Exam Doctor
- Name of Office/Unit: MyHealthWay Clinic
- Name of Agency/Organization and Location: MyHealthWay Clinic, St. Patrick's Square, 566 Shaw Boulevard, Mandaluyong City

- List of Accomplishments and Contributions (if any)
 - Conduct annual physical exam including pap smear and DRE

- Summary of Actual Duties
 - Conduct Annual Physical Exam to construction workers


CHRISTELLE RENE F. CAPUNO
(Signature over Printed Name
of Employee/Applicant)

Date: January 2, 2024