

## 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 ( ) ☐ 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	Estrosas		
FIRST NAME	Maria Fatima	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Bohol		
3. DATE OF BIRTH (mm/dd/yyyy)	October 03, 1992	16. CITIZENSHIP	<input 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	BIASONG STREET
7. HEIGHT (m)	1.50 m	House/Block/Lot No.	Street
8. WEIGHT (kg)	45 kg	Subdivision/Village	BRGY. MARCOS
9. BLOOD TYPE	Blood Type B	BAYBAY CITY	Barangay
10. GSIS ID NO.	2005203341	City/Municipality	LEYTE
11. PAG-IBIG ID NO.	917174381669	Province	6521
12. PHILHEALTH NO.	13-252156584-9	18. PERMANENT ADDRESS	BIASONG STREET
13. SSS NO.	N/A	House/Block/Lot No.	Street
14. TIN NO.	492 732 533	Subdivision/Village	BRGY. MARCOS
15. AGENCY EMPLOYEE NO.	N/A	BAYBAY CITY	Barangay
		City/Municipality	LEYTE
		Province	6521
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09161575823
		21. E-MAIL ADDRESS (if any)	faith.ako20@gmail.com, mfestrosas@vsu.edu.ph

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Chavez	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Stephen James	N/A	N/A
MIDDLE NAME	Martinez	N/A	N/A
OCCUPATION	Computer Programmer	N/A	N/A
EMPLOYER/BUSINESS NAME	Visayas State University	N/A	N/A
BUSINESS ADDRESS	Visca Baybay City, Leyte	N/A	N/A
TELEPHONE NO.	N/A	N/A	N/A
24. FATHER'S SURNAME	Estrosas	N/A	N/A
FIRST NAME	Lucio	N/A	N/A
MIDDLE NAME	Escol	N/A	N/A
25. MOTHER'S MAIDEN NAME		N/A	N/A
SURNAME	Estrosas	N/A	N/A
FIRST NAME	Ida	N/A	N/A
MIDDLE NAME	Merin	(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	MARCOS ELEMENTARY SCHOOL	N/A	2000	2004	N/A	N/A	1ST HONOR
	SAN. AGUSTIN ELEMENTARY SCHOOL	N/A	2004	2006	N/A	2006	4TH HONOR
SECONDARY	BUNGA NATIONAL HIGH SCHOOL	N/A	2006	2010	N/A	2010	9TH HONOR
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN DEVELOPMENT COMMUNICATION	2010	2016	N/A	2016	N/A
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS Agricultural Extension	201	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	March 20, 2021
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[illegible]

**V. WORK EXPERIENCE**  
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	March 28, 2021



## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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


[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 SKILLS	N/A	WOMEN ASSOCIATION (FoRWARD)
DATA ANALYSIS	N/A	
READING	N/A	
COOKING	N/A	
	N/A	
	N/A	
	N/A	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	March 23, 2021
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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)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>DR. MONINA ESCALADA</td><td>VISCA BAYBAY CITY LEYTE</td><td>9189239657</td></tr><tr><td>DR. EDITHA G. CAGASAN</td><td>VISCA BAYBAY CITY LEYTE</td><td>9182700721</td></tr><tr><td>DR. CHRISTINA A. GABRILLO</td><td>VISCA BAYBAY CITY LEYTE</td><td>9322497436</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. MONINA ESCALADA	VISCA BAYBAY CITY LEYTE	9189239657	DR. EDITHA G. CAGASAN	VISCA BAYBAY CITY LEYTE	9182700721	DR. CHRISTINA A. GABRILLO	VISCA BAYBAY CITY LEYTE	9322497436
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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.													
<table><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: VOTERS ID</td></tr><tr><td>ID/License/Passport No.: 3708-0221A</td></tr><tr><td>Date/Place of Issuance: BAYBAY CITY LEYTE</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: VOTERS ID	ID/License/Passport No.: 3708-0221A	Date/Place of Issuance: BAYBAY CITY LEYTE	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>March 13, 2021</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	March 13, 2021	Date Accomplished				
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<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>			Right Thumbmark										
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYAN C. GUINOCOR VSA Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYAN C. GUINOCOR VSA Chief Legal Officer	Person Administering Oath									
													
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Person Administering Oath													



## WORK EXPERIENCE SHEET

- Duration: April 17, 2017 – present
- Position: Science Aide
- Name of Office/Unit: OVPREI – Extension Office
- Immediate Supervisor: Dr. Antonio P. Abamo
- Name of Agency/Organization and Location: Visayas State University, ViscaBaybay Leyte
- List of Accomplishments and Contributions (if any)
  - Monitor and Evaluate Extension Projects
  - Keep Records of quarterly reports and accomplishment reports of extension activities
  - Designed Extension Manual (BOR Approved 2018)
  - Facilitate the Annual FFD and the Search for Ugmad awards
  - Facilitate trainings and Exhibits
  - Assist and keep records of the annual RDE In-House Review
  - Monitor and Review Faculty workloads
- Summary of Actual Duties
  - Monitors and consolidates all VSU funded extension projects' targets and accomplishments for integration and submission to OVPRG
  - Monitor and prepare communications and other documents for extension projects of the university
  - Assist in the putting up of Exhibits, Agro-Trade Fairs and other related activities
  - Assists in facilitating the Farmers & Fisherfolk's Day & Flower and Garden Show
  - Assists in the conduct of training programs coordinated by OVPRE
  - Assist in the conduct of R&DE In-House Reviews
  - Monitor/Review Workloads of Faculty and Staff involved in Extension Activities
  - Performs other tasks assigned by superiors

- Duration: January 1, 2017 – April 15, 2017
- Position: SRA Extension Publication
- Name of Office/Unit: OVPRE – Extension Office
- Immediate Supervisor: Prof. Efren B. Saz
- Name of Agency/Organization and Location: Visayas State University, ViscaBaybay Leyte
- List of Accomplishments and Contributions (if any)
  - Designed Extension Manual (To be approved by BOR)
  - Designed Extension Brochures
  - Putting up of Exhibits, Agro-Trade Fairs and other related activities