

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. CSID 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)	7/14/94	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"/> Other/s:	17. RESIDENTIAL ADDRESS	Apt 42 Kiboume 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		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	Apt 42 Kiboume House/Block/Lot No. Street VSU Campus Pangasugan Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
10. GSIS ID NO.	2006190382	ZIP CODE	6521
11. PAG-IBIG ID NO.	121308888625		
12. PHILHEALTH NO.	01-026597931-4		
13. SSS NO.	N/A	19. TELEPHONE NO.	(053) 563-8935
14. TIN NO.	605-268-653	20. MOBILE NO.	+639175775747
15. AGENCY EMPLOYEE NO.	V02058	21. E-MAIL ADDRESS (if any)	christelle.capuno@vsu.edu.ph

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
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		2007	Class Valedictorian Best in Leadership
SECONDARY	Visayas State University Laboratory High School	High School	2007	2011		2011	With High Honors
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	University of Santo Tomas	Bachelor of Science in Pharmacy	2011	2015		2015	None
GRADUATE STUDIES	University of the East Ramon Magsaysay Memorial Medical Center Inc.	Doctor of Medicine	2016	2020		2020	None

(Continue on separate sheet if necessary)

SIGNATURE		DATE	May 9/1. 2023
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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	Date of Validity
RA 5921 (Pharmacist Licensure Exam)		July 18-19, 2015	Manila, Philippines	67549	7/14/18
RA 2382 (Physician Licensure Exam)		October 30-31, November 1-2, 2021	Manila, Philippines	156881	7/14/24

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE

Weyman

DATE _____

May 31, 2023

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	7/16/18	7/20/18	40.0	Immersion at Limasawa, Southern Leyte
	UERM MedKom 64 Aurora Blvd. Doña Imelda, Quezon City Philippines 1113	3/24/18	3/24/18	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	4/13/19	4/13/19	8.0	Medical Mission at Pandi, Bulacan

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

[illegible]


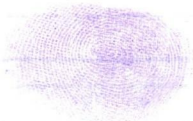
VIII. OTHER INFORMATION

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)

Wagner

May 31, 2023

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)?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div>Date Filed: _____</div> <div>Status of Case/s: _____</div>												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details:</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country):</div>												
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?		<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
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. 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
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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.														
<div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div> <div>Government Issued ID: PRC</div> <div>ID/License/Passport No.: 0156881</div> <div>Date/Place of Issuance: PCCC, Manila (11/23/2021)</div>	<div><div>Signature (Sign inside the box)</div><div>31 May 2023</div><div>Date Accomplished</div></div>	<div><div>CHRISTELLE VENUS F. CAPUNO</div></div> <div><div>Right Thumbmark</div></div>												
SUBSCRIBED AND SWORN to before me this 24 JUL 2023, affiant exhibiting his/her validly issued government ID as indicated above.														
<div><div>ATTY. RYSAN C. GUINOCOR</div><div>WU Legal Officer</div><div>Person Administering Oath</div></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 VENUS F. CAPUNO, MD

(Signature over Printed Name
of Employee/Applicant)

Date: May 31, 2023