CS Form No. 212 Revised 2017

## **PERSONAL DATA SHEET**

concerned.	tion made in the Personal Data Sheet and the					criminal case/s ag	gainst the p	erson	
READ THE ATTACHED GUIDE Print legibly. Tick appropriate boxes	TO FILLING OUT THE PERSONAL DATA SHEET ( ) 1 use separate sheet if necessary. Indicate	HEET (PDS) BEFORE ACCOM N/A if not applicable. DO NOT A	<i>IPLISHING T</i> BBREVIATE.	HE PDS FO	1. CS ID No.		(Do not fill up.	For CSC use only	
I. PERSONAL INFORMATIO									
2. SURNAME	MANDIA								
FIRST NAME	JOYCEE NAME EXTENSION (JR., SR) N/A								
MIDDLE NAME	SILLEZA								
DATE OF BIRTH     (mm/dd/yyyy)	SEPTEMBER 28, 1998	16. CITIZENSHIP			☑ Filipino ☐ Dual Citizenship ☐ by birth			☐ by naturalization	
4. PLACE OF BIRTH	POB. ZONE 2 JAVIER, LEYTE	If holder of dual citizen	If holder of dual citizenship,			Pls. indicate country:			
5. SEX	☐ Male ☑ Female	please indicate the de	e details.  Philippines						
6 CIVIL STATUS	☑ Single	17. RESIDENTIAL ADDRESS	House/Block/Lot No. n/a Subdivision/Village BAYBAY CITY			P	n/a Street PANGASUGAN		
7. HEIGHT (m)	1.53					Barangay  LEYTE			
8. WEIGHT (kg)	47	ZIP CODE	City/Municipality		Province 6521				
9. BLOOD TYPE	NA NA	18. PERMANENT ADDRESS		n/a					
10. GSIS ID NO.	on process		House/Block/Lot No.		Street BINULHO				
		-	Subdivision/Village				Barangay		
11. PAG-IBIG ID NO.	921358400894		JAVIER City/Municipality		/	LEYTE Province			
12. PHILHEALTH NO.	13-250578271	ZIP CODE		6511					
13. SSS NO.	NA	19. TELEPHONE NO.		NA					
14. TIN NO.	606-533-427-0000	20. MOBILE NO.		09129910453/ 09554256999					
15. AGENCY EMPLOYEE NO.	V02003	21. E-MAIL ADDRESS (if any)		jo	/cee.man	idia@vsu.edu	ı.ph		
II. FAMILY BACKGROUND									
22. SPOUSE'S SURNAME	NA NA		23. NAME of Ch	HILDREN (Writ	te full name an	d list all)		OF BIRTH	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)					NA		
MIDDLE NAME	NA								
OCCUPATION	NA								
EMPLOYER/BUSINESS NAME	NA NA							-	
BUSINESS ADDRESS	NA NA								
TELEPHONE NO.	NA NA								
24. FATHER'S SURNAME	MANDIA	NAME EXTENSION (JR., SR)							
FIRST NAME	DAVID	N/A							
MIDDLE NAME 25. MOTHER'S MAIDEN NAME	CABIA								
SURNAME	SILLEZA								
FIRST NAME	JOSEPHINE								
MIDDLE NAME	SOLIS								
II. EDUCATIONAL BACKGR				(Co	ntinue on sep	arate sheet if necess	iary)		
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE (Write in full)	E/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/ UNITS EARNED	YEAR GRADUAT	SCHOLARSHIP/ ACADEMIC	
		(value iii idii)		From To		(if not graduated)	ED	HONORS RECEIVED	
ELEMENTARY	JAVIER CENTRAL SCHOOL	BASIC EDUCATION		2005	2011	GRADUATED	2011	4TH HIGHEST HONOR	
SECONDARY	JAVIER NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	ON	2011	2015	GRADUATED	2015	SALUTATORIA N	
VOCATIONAL / TRADE COURSE	N/A	N/A			-	N/A			
COLLEGE	VISAYAS STATE UNIVERSITY (MAIN) BS IN ANIM		CE	2015	2019	GRADUATED	2019	CUM LAUDE	
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY (MAIN)	MS IN ANIMAL SCIEN		2019	2021	GRADUATED	2021	none	
SIGNATURE	(C)	ntinue of separate sheet if necess	ary)	DA	TE	DEC	2.2	חנים	

	R SERVICE/ RA 10	80 (BOARD/ BAR) UNDER	DATING	DATE OF				LICENSE (if ap	oplicable)
SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINATION	ON / CONFERM	MENT	NUMBER	Date of Validity
RA 1080				NOV. 9-11, 2021	TACLOBA	AN CITY			9/28/25
PD 907				JULY 14, 2019	IOC CITY				
							,		
		***************************************							
V WORK	EXPERIENCE	•	(C	ontinue on separate she	eet if necessary)				
			ent work) Des	cription of duties sh	hould be indicated in the	attached W	ork Experie	nce sheet.	
28. INCLUSIVE DATES (mm/dd/yyyy) POSITION TIT (Write in full/Do not a			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)  SALARY JOB/ PAY GRADE (if applicable)& STEP (Format '00-0")				STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)	
Aug-19	Dec-19	GRADUATE TEACHIN	IG ASSISTANT	VISYAS STATE	UNIVERSITY (MAIN)	9000.00	NA NA	CONCLUDED	
Aug-21	Dec-21	PART-TIME INSTI	RUCTOR	VISYAS STATE	22000.00	NA	CONCLUDED		
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			K	ontinue on separate she					
SIGN	IATURE		*		DATE			2,2022	227
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29. NAME & ADDRESS OF ORGANIZATION		INCLUSIV					
(Write in full)		(mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
NONE							
>							
VII. LEARNING AND DEVELOPMENT (L&D) INTERVI	ENTIONS/	(Continue on	separate sheet if n	ecessary) TENDED			
(Start from the most recent L&D/training program and include only the re					Executive/Manage	erial positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TR	DAINING		DATES OF		Type of LD		
TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING     PROGRAMS (Write in full)		(mm/dd/yyyy)		NUMBER OF HOURS	( Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То				
THE 59th PSAS SCIENTIFIC MEETING AND ANNUAL CONVENTI Philippine Society of Animal Science (PSAS) Virtual Research W	Methodo	OCT 19, 2022	OCT 20, 2022	20.0	RESEARCH	PSAS UPLB	
on Scientific Writing and Publication	J	ULY 27,2022	JULY 28, 2022	12.0	RESEARCH	PSAS Governing Council	
		(Continue on	separate sheet if n	ecessary)			
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES 32.	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)  NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)  33. MEMBERSHIP IN ASSOCIATION/ORG					33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
PLAY INSTUMENTS	NONE					Philippine Society of Animal Science (PSAS)	
SINGING							
SIGNATURE		(Continue on	separate sheet if n		TE	2 7 7 7	
SIGNATURE	7	1		DA	TE	OFEC _ 2 , 7022 CS FORM 212 (Revised 2017), Page 3 of 4	

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	7,						
34.	Are you related by consanguinity or affinity to the appointin chief of bureau or office or to the person who has immedia						
	Bureau or Department where you will be apppointed, a. within the third degree?	☐ YES ☑ NO					
	b. within the fourth degree (for Local Government Unit - Ca	areer Employees\2	☐ YES ☑ NO				
	b. Within the load in degree (for Escal Seventine) Critic - Of	aroor Employees):	If YES, give details:				
35.	a. Have you ever been found guilty of any administrative of	ffense?	☐ 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:					
26	Have you ever been convicted of any crime or violation of	any law dooroo ordinanoo or					
30.	regulation by any court or tribunal?	☐ YES ☑ NO					
			If YES, give details:				
37.	Have you ever been separated from the service in any of t	he following modes:	✓ YES □ NO				
	resignation, retirement, dropped from the rolls, dismissal,	520 P. S. 27 C. 18 C. 18 P. S. 18 C.	If YES, give details:				
200	finished contract or phased out (abolition) in the public or p a. Have you ever been a candidate in a national or local el		Resignation				
36.	year (except Barangay election)?	JSSI GITH HILLIAM DIGHT HOPOGO	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during	the three (3)-month period	☐ YES ☑ NO				
	before the last election to promote/actively campaign for a		If YES, give details:				
39.	Have you acquired the status of an immigrant or pe	ermanent resident of another	☐ YES ☑ NO				
	country?		If YES, give details (country):				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) M Persons (RA 7277); and (c) Solo Parents Welfare Act of 2						
a.	Are you a member of any indigenous group?	000 (RA 03/2), piease	_				
	The year a member of any margement group?		☐ YES ☑ NO If YES, please specify:				
b.	Are you a person with disability?		☑ YES □ NO				
C.	Are you a solo parent?			YOPIA			
	, no you a solo parone:		☐ YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applic	ant /appointee)					
	NAME	ADDRESS	TEL. NO.				
RUI	BY ANA AREVALO	BACOLOD NEGROS	9508291842				
IOI	IN CARLOS D. BOYLES	ORIENTAL PHILIPPINES SEVILLA BOHOL,		-			
301	THE CARLOS D. BOTLES	PHILIPPINES	9338690757				
CH	ARITA BARBOSA	BRGY. GUADALUPE BAYBA'T CITY LEYTE	95151247794	THE PARTY OF THE P			
42.	I declare under oath that I have personally accomplished	ed this Personal Data Sheet	which is a true,				
	correct and complete statement pursuant to the provisions Republic of the Philippines. I authorize the agency head/s	s of pertinent laws, rules and r	egulations of the				
	contents stated herein. I agree that any misren	presentation made in this do	criment and its				
	attachments shall cause the filing of administrative/crimina	al case/s against me.	outhorit and its				
G	overnment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)			274			
P	LEASE INDICATE ID Number and Date of Issuance						
G	overnment Issued ID: PHILHEALTH						
ID	VLicense/Passport No.: 13-250578271	de the box)					
D	ate/Place of Issuance: TACLOBAN CITY						
	2.6	Date Accompl	righ	nt Thumbmark			
5	SUBSCRIBED AND SWORN to before me this	JAN 2023 affia	nt exhibiting his/her validly issued governmen	nt ID as indicated above.			
		MI					
	_	COR					
		g Oath					