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 filling 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. (Do not fill up. For CSC use only rint legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 2. SURNAME CAPUNO AME EXTENSION (JR., SR) FIRST NAME CHRISTELLE VENUS MIDDLE NAME FELICILDA 3. DATE OF BIRTH 7/14/94 16. CITIZENSHIP √ Filipino Dual Citizenship by birth by naturalization 4. PLACE OF BIRTH BAYBAY CITY, LEYTE If holder of dual dizenship, Pls. indicate country: please indicate the details. 5. SEX Male √ Female √ Single Married 17 RESIDENTIAL ADDRESS Apt 42 Kilboume 6 CIVIL STATUS House/Block/Lot No Street Widowed Separated VSU Campus Other/s: Subdivision/Village Barangay 7. HEIGHT (m) 1.63 City/Municipality Province 8. WEIGHT (kg) 70 ZIP CODE 6521 18. PERMANENT ADDRESS Apt 42 Kilboume 9. BLOOD TYPE B+ ise/Block/Lot No Street VSU Campus Pangasuga 10. GSIS ID NO. N/A Subdivision/Village Barangay Baybay City City/Municipality 11. PAG-IBIG ID NO. Leyte 121308888625 12. PHILHEALTH NO. 01-026597931-4 ZIP CODE 6521 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 21. E-MAIL ADDRESS (if any) N/A venuscapuno.md@gmail.com DATE OF BIRTH (mm/dd/yyyy) 22. SPOUSES SURNAME N/A 23. NAME of CHILDREN (Write full name and list all) NAME EXTENSION (JR., SR) FIRST NAME N/A MIDDLE NAME OCCUPATION EMPLOYER/BUSINESS NAME BUSINESS ADDRESS TELEPHONE NO. 24. FATHER'S SURNAME CAPUNO AME EXTENSION (JR., SR) FIRST NAME OTHELLO

BATULAN

FELICILDA

RUFINA

MIDDLE NAME 25. MOTHER'S MAIDEN NAME SURNAME

FIRST NAME

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CS FORM 212 (Revised 2017), Page 1 of

LAGUMBAY (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE ACADEMIC I FVFI UNITS EARNED (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED ELEMENTARY Visca Foundation Elementary School Primary Education 2001 2007 2007 est in Lead SECONDARY Visayas State University Laboratory High School High School 2007 2011 2011 With High Honor VOCATIONAL / N/A N/A NA N/A N/A COLLEGE University of Santo Tomas Bachelor of Science in Pharmacy 2011 2015 2015 None University of the East Ramon Magsaysay Memorial GRADUATE STUDIES Doctor of Medicine 2016 2020 2020 None Medical Center Inc. SIGNATURE DATE Odebr un

IV. CIVIL	SERVICE ELIGIE	BILITY						4	
77. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL		RATING	DATE OF EXAMINATION /	PLACE OF EVALUATION LOOP FEBRUARY			LICENSE (if applicable)		
LAWS/ CES/ CSEE BARANGAY (If ELIGIBILITY / DRIVER'S LICENSE			(If Applicable)	CONFERMENT	PLACE OF EXAMINATION / CONFERMENT >		VIEIVI	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			nilippines		7/14/24	
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				700 9 000 000 000	17.77				
V. WORK	EXPERIENCE			Continue on separate sheet i					
	vate employment.	Start from your recent wor	k) Description o	f duties should be indic	ated in the attached Worl	(Experience	sheet, SALARY/JOB/PAY		
	(mm/dd/yyyy)	POSITION TIT (Write in full/Do not al		" DEPARTMENT / AGENCY/ OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	GRADE (if applicable) & STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVIC (Y/ N)
6/17/22	6/18/22	Annual Physical Ex	am Doctor	HealthFirst Clinic		3200/day	N/A	Temporary	No
5/25/22	6/1/22	Annual Physical Ex	am Doctor	Healt	hFirst Clinic	3200/day	N/A	Temporary	No
12/3/22	12/3/22	Annual Physical Exam Doctor		, MyHea	IthWay Clinic	3000/day	N/A	Temporary	No
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				Continue on separate sheet	If necessary)		-	2554	
SIG	NATURE		W Can		DATE	19	Och bu	v wn	

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT	/PEOPLE / VO	DLUNTARY OR	GANIZATION/	S		
29. NAME & ADDRESS OF ORĞANIZATION (Wife in tili)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
	From	То	HOMES, OF HOUSE		1.0000-0.2000-0.0000-0.000	
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	lm	mersion 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		
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	Continue on separate					
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING F	ROGRAMS AT	TENDED				
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	(mm	S OF ATTENDANCE (dd/yyw)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Advanced Cardiovascular Life Support	From 5/4/22	To 5/4/22	8.0	Technical	Academy of Emergency Sciences	
Basic Life Support	5/2/22	5/2/22	8.0	Technical	Academy of Emergency Sciences	
COVID Crisis Care: A Cross-Disciplinary Case Discussion	9/24/20	9/24/20	2.0	Informative	Mater De Mar Handel Hallen and Inc.	
Basic Life Support	12/15/18	12/15/18	8.0	Technical	Metro Pacific Hospital Holdings Inc. University of the East-RMMMCI	
Basic Life Support	5/11/17	5/11/17	8.0	Technical	UST FMS Life Support Training Center	
Philippine Pharmaceutical Research Congress	2/20/15	2/21/15	16.0	Informative	UST Research Cluster for Natural and Applied Sciences	
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VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES 32.	NON-ACADEMIC DIST		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)			
Computer savvy	see a line strangertines NA					
Sports enthusiast	Junior Pharmacists' Association					
Basic Korean and Italian language					Faculty of Pharmacy Student Council	
			1			
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A STATE OF THE STA						
1./ 6	Continue on separate	sneet If necessary)		TE	19 October 20m	
W Cy	-	1	DA.	*	CS FORM 212 (Revised 2017), Page 3 of 4	

34.	Are you related by consanguinity or affinity to the appointing or chief of bureau or office or to the person who has immediate su Bureau or Department where you will be apppointed, a. within the third degree?	T VEC	I NO			
		YES / NO				
	b. within the fourth degree (for Local Government Unit - Career	Employees) ?	If YES, give details:	/ NO		
35.	a. Have you ever been found guilty of any administrative offens	YES 7 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:			
	Have you ever been convicted of any crime or violation of any I	Sidius of Case/s.				
36.	any court or tribunal?	YES NO If YES, give details:				
37.	Have you ever been separated from the service in any of the ford dropped from the rolls, dismissal, termination, end of term, finise the public or private sector?	YES , NO If YES, give details:				
38.	a. Have you ever been a candidate in a national or local election Barangay election)?	on held within the last year (except	☐ YES			
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local ca	YES NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent re	☐ YES				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna	Carta for Disabled Persons (RA7277);				
	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please an					
a.	Are you a member of any indigenous group?		YES If YES, please specify:	·/ NO		
b.	Are you a person with disability?		YES	./ NO		
			If YES, please specify ID	No:		
C.	Are you a solo parent?		YES If YES, please specify ID	No:		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /applicant /app	pointee)	and the second s			
	NAME	ADDRESS	TEL. NO.			
	Dr. Kenneth E. Cantalejo	Lot 4D Blk 26 Chestnut Street West Fairview Subd., Fairview, Quezon City	9064872328			
	Dr. Reubenne 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			
42.	I declare under oath that I have personally accomplished this		ct and complete			
	statement pursuant to the provisions of pertinent laws, rules an			0/0		
erit er	the agency head/authorized representative to verify/valid misrepresentation made in this document and its attachme against me.		agree that any e/criminal case/s	(N(MM) CHRISTELLE VENUS F. CAPUNO		
	iovemment Issued ID (Le.Passport, GSIS, SSS, PRC, Driver's License, etc.) **REASE INDICATE ID Number and Date of Issuance**	(A) Comman				
G	overnment Issued ID: PRC					
10	D/License/Passport No.: 0156881	x)				
D	rate/Place of Issuance: PICC, Manila (11/23/2021)		Right Thumbmark			
-		Date Accomplished B UCI 2022 affiant exhibiting				
	SUBSCRIBED AND SWORN to before me this 2	, affiant exhibiting	his/her validly issued gove	emment ID as indicated above.		
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				CS FORM 212 (Revised 2017), Page 4 of 4		

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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: 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)
 - o Interpret laboratory results of employees,
 - o Recommend employees if fit to work
 - o 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
 - o 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 VENUE F. CAPUNO (Signature over Printed Name

(Signature over Printed Name of Employee/Applicant)

Date: 19 Ochber won