			47	
25	FORM	212	(Revised	2005)

PERSONAL DATA SHEET

11. BLOOD TYPE 12. GSISID NO. 12. 1826 - 8527 - 9 20. E-MAIL ADDRESS (If any) 13. PAG-IBIG ID NO. 14. PHILHEALTH NO. 13 000163048 - 4 22. AGENCY EMPLOYEE NO. 23. TIN 23. TIN 24. SPOUSES SURNAME FIRST NAME FIRST NAME MIDDLE NAME MIDDL	Print legibly. Mark appropriate box	es with " 🗸 and use separate sheet if necessary.			1. CS ID No.			(to be filled up by CSC)
RIA-LUIL								
RIA-LUIL				1 1 1		1 1 1	1 1 1	
MODE NAME TO LIE ROLL TO RESIDENTIAL ADDRESS Bryg. marces, Bay bay cry, Leyfe SEX D Male Female Separated Anniel Separated Anniel Separated Anniel Others, specify Separated Anniel Others, specify TITLEPHONE NO REPRANEENT ADDRESS Bryg. marces, Bay bay Leyfe C 5 2 7 - A TITLEPHONE NO REPRANEENT ADDRESS Bryg. marces, Bay bay Leyfe C 5 2 7 - A TITLEPHONE NO REPRANEENT ADDRESS Bryg. marces, Bay bay Leyfe C 5 2 7 - A TITLEPHONE NO REPRANEENT ADDRESS Bryg. marces, Bay bay Leyfe C 5 2 7 - A TITLEPHONE NO REPRANEENT ADDRESS Bryg. marces, Bay bay Leyfe C 5 2 7 - A TITLEPHONE NO REPRANEENT ADDRESS Bryg. marces, Bay bay Leyfe C 5 2 7 - A TITLEPHONE NO REPRANEENT ADDRESS Bryg. marces, Bay bay Leyfe C 5 2 7 - A TITLEPHONE NO REPRANEENT ADDRESS Bryg. marces, Bay bay Leyfe C 5 2 7 - A TITLEPHONE NO REPRANEENT ADDRESS Bryg. marces, Bay bay Leyfe C 5 2 7 - A TITLEPHONE NO REPRANEENT ADDRESS Bryg. marces, Bay bay Leyfe C 5 2 7 - A TITLEPHONE NO REPRANEENT ADDRESS Bryg. marces, Bay bay Leyfe REPRANEENT ADDRESS Bryg. marces Represent Address Represe				1 1 1		1 1 1	1 1 1	
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VOCATIONAL / TRADE COURSE COLLEGE	SECONDARY	Bung, Brgy, High sch.						
COLLEGE								
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(Continue on separate sheet if necessary)		100	ntinue on senarato ch	eet if necessary				
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V. WORK EXP 30. INCLUSIVE (mm/dd/ From 1 / 15/96 12 6 / 15/2000 9 10/1 /08 1. 11/01/12 12 01/01/13 5	PERIENCE (/E DATES d/yyyy) To	80 (BOARD/ BAR) S/ CES/ CSEE Include private POSITION		DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINAT	ION / CONFERN	IENT	LICENSE (if a	pplicable) DATE OF RELEASE
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VI. VOLUNTARY WORK OR INVOLVEMEN O	CIVIC / NON	I-GOVERNMEN	T / PEOPLE / V	JNTARY	ORGANIZATION/S	
31. NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIV (mm/dd		NUMBER OF HOURS	POSITION / NATURE OF WORK	
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		1 1	1 1			
		1 1	1 1			
IN TRAINING PROCRAMS (Start from the most	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	on separate sheet it	necessary)			
VII. TRAINING PROGRAMS (Start from the mos	st recent tra					
TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)		(пшиси/уууу)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)	
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VIII. OTHER INFORMATION					MEMBERSHIP IN	
33. SPECIAL SKILLS / HOBBIES:	34. No	ON-ACADEMIC DIST (Wr	INCTIONS / RECOGI	NITION:	35. ASSOCIATION/ORGANIZATION (Write in full)	
				į		
		- A7				
	(Continue	e on separate sheet i	f necessary)		CS FORM 212 (Revised 2005), Page 3 of	

^{36.} Are you related by consanguinity or affinity to y of the	•			
a. Within the third degree (for National Government Employappointing authority, recommending authority, chief of the has immediate supervision over you in the Office, Bureappointed?	☐YES ☐NO If YES, give details:			
b. Within the fourth degree (for Local Government Employ appointing authority or recommending authority where	☐ YES ❷ NO If YES, give details:			
37 a. Have you ever been formally charged?		YES NO		
	If YES, give details:			
b. Have you ever been guilty of any administrative offer	☐ YES ☑ NO If YES, give details:			
38. Have you ever been convicted of any crime or violation regulation by any court or tribunal?	☐ YES I ☐ NO If YES, give details:			
39. Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, termination phased out, in the public or private sector?	☐ YES ☑ YES I I NO If YES, give details:			
40. Have you ever been a candidate in a national or local e	☐ YES I☑NO If YES, give details:			
41. Pursuant to: (a) Indigenous People's Act (RA 8371); (b 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8	50 km 2 개발하기 (1) : [1987년 1 조기교육] 전 1 1 km 유럽에 111일 (1981년 11일 11일 11일 11일 11일 11일 11일 11일 11일 1			
a. Are you a member of any indigenous group?	□YES IZNO			
b. Are you differently abled?	If YES, please specify:			
c. Are you a solo parent?	If YES, please specify: YES ☑NO If YES, please specify:			
42. REFERENCES (Person not related by consanguinity or affinity to ap	oplicant / appointee)			
NAME	ADDRESS	TEL. NO.		
grof. Daniel TudTud	454			
prof. Alan B. Love to	NSU	126		
43. I declare under oath that this Personal Data Sheet has complete statement pursuant to the provisions of pertir Philippines.				
I also authorize the agency head / authorized representhat this information shall remain confidential.	ntative to verify / validate the contents stated	I herein. I trust		
12/14 50 H8H COMMUNITY TAX CERTIFICATE NO.	Oh.			
I 130 115	ISSUED AT SIGNATURE (Sign inside the b			
ISSUED ON (mm/dd/yyyy)	9/10/15 DATE ACCOMPLISHED	RIGHT THUMBMARK		
		CS FORM 212 (Revised 2005). Page 4 of		