-3								
ES Form No. 212	as a service of the second			Various Despreyments				
Revised 2017	DERSO	DNAL DAT	A SH	FET	•			
1	FERS	JINAL DAT	A JII	I Bon Bon II				10.5
WARNING: Any misrepresenta	ation made in the Personal Data Sheet and	the Work Experience Sheet sh	all cause the fil	ling of admin	nistrative/cri	iminal case/s aga	inst the perso	on
concerned.								
	TO FILLING OUT THE PERSONAL DATA s () and use separate sheet if necessary. Indic				1. CS ID No.		(Do not fill up. Fo	or CSC use only)
I. PERSONAL INFORMATIO								
2 SURNAME	PEÑA		e le le					
					T	JR.		
FIRST NAME	SANTIAGO					JIN.		
MIDDLE NAME	TORDA							1
DATE OF BIRTH (mm/dd/yyyy)	04/28/1980	16. CITIZENSHIP		✓ Filipir	no [Dual Citizenship		
						by birth	by naturali	ization
4. PLACE OF BIRTH	Mlang, Cotabato	If holder of dual citize	enship,			Pls. indicate co	ountry:	
		please indicate the o	details.					
5. SEX	✓ Male Female							
6 CIVIL STATUS	Single		Have	14 ise/Block/Lot No		K	Street	
	Widowed Separat	red		isayas State Uni			Pangasugan	
	Other/s:			bdivision/Village			Barangay	
7. HEIGHT (m)	1.65			Baybay City/Municipality			Leyte Province	
8. WEIGHT (kg)	75	ZIP CODE		нулиинстранту		6521-A	TTOVINCE	
O. WEIGHT (Ng)	100			14			Glbourne Drive	1000
9. BLOOD TYPE	0	18. PERMANENT ADDRESS	Hou	use/Block/Lot No).		Street	
10. GSIS ID NO.	LP-80042800949	er in the control of the state	ViSCA (Vi	isayas State Uni	iversity)		Pangasugan	HOUSE
10. GSIS 1D NO.	LF-00042000949		Su	bdivision/Village	9		Barangay	
11. PAG-IBIG ID NO.	1700-0032-4452			Baybay			Leyte	
The state of the s		ute and participated years and a sign	C	City/Municipality			Province	218/2011
12. PHILHEALTH NO.	16-000064194-1	ZIP CODE				6521-A		
13. SSS NO.	N/A	19. TELEPHONE NO.			05	3-563-0547		
14. TIN NO.	947-628-159	20. MOBILE NO.			+63	21 060 1535		
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)			santiago.	penajr@vsu.edu.ph		Lepatrita
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	Peña	Up ablock to an an Very poyers of	23. NAME of CH	HILDREN (Write	e full name and	d list all)	DATE OF BIRT	TH (mm/dd/yyyy)
FIRST NAME	Angelica Pelicula Asuncion	NA NA		Hadassah Ch	nistiana R I	Poña	12/23	3/2008
	Bornec				ena B. Peña			/2010
MIDDLE NAME								
OCCUPATION	Businesswo			Ilmothy	Ed B. Peña		09/23	3/2015
EMPLOYER/BUSINESS NAME	HiramHQ Web							
BUSINESS ADDRESS	14 Kilbourne Drive, ViSCA, Panga							
TELEPHONE NO.	053-563-0	547						
24. FATHER'S SURNAME	Peña							
FIRST NAME	Santiago	Sr.						Affices
MIDDLE NAME	Valenzue	ela						
25. MOTHER'S MAIDEN NAME								
SURNAME	Torda	l						
FIRST NAME	Diana	1						
MIDDLE NAME	Maypa	1	- 1	(Co	ontinue on se	parate sheet if nece	ssary)	100
III. EDUCATIONAL BACK	GROUND							
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEG (Write in full			ATTENDANCE To	HIGHEST LEVEL/ UNITS EARNED (if not graduated)		SCHOLARSHIP ACADEMIC HONORS RECEIVED
ELEMENTARY	Mlang Pilot Elemnetary School	PRIMARY EDUC	ATION	From 1987	1993	N/A	1993	1st Hon. Mention
SECONDARY	Mlang National High School	HIGH SCHO	OL	1993	1997	N/A	1997	1st Hon. Mention
VOCATIONAL /	NA	NA		NA	NA	N/A	N/A	NA

TRADE COURSE BACHELOR OF ANIMAL SCIENCE 2001 COLLEGE Visayas State University 1997 2001 N/A Cum Laude Visayas State University DOCTOR OF VETERINARY MEDICINE 2003 2003 Cum Laude COLLEGE 2001 N/A MASTER OF TROPICAL VETERINARY SCIENCE GRADUATE STUDIES James Cook University 2004 2006 N/A 2006 N/A James Cook University DOCTOR OF PHILOSOPHY 2018 N/A GRADUATE STUDIES 2013 2017 N/A SIGNATURE DATE Nov. 18, 2019 CS FORM 212 (Revised 2017), Page 1 of 4

7. CARE	EER SERVICE/ RA	1080 (BOARD/ BAR) UNDER	DATING	DATE OF				LICENSE (if a	oplicable)
	SPECIAL LA	AWS/ CES/ CSEE LITY / DRIVER'S LICENSE	RATING (If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	MENT	NUMBER	Date of Validity
	Career Service	e Professional	PD 907- Honor Graduate	/03/2001	Visayas State Univers	ity, Baybay Cit	y, Leyte	NA	2001
	Career Service	Professional	PD 907- Honor Graduate	/04/2003	Visayas State Univers	ity, Baybay Cit	y, Leyte	NA	2003
	Doctor of Veter	inary Medicine	78.13%	07/29/2003	Ma	nila		6092	2020
	, , ,								
			(6)	ntinue on separate sheet	if necessary)				
	EXPERIENCE	ent. Start from your recen				Work Expe	ience sheet		
INCL	LUSIVE DATES mm/dd/yyyy)	POSITION 7 (Write in full/Do not	TITLE	DEPARTMENT / AGE	ENCY / OFFICE / COMPANY /Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICI (Y/N)
From	То	la de la companya de		College of Veterinany Med	inina Vicavas Stata University	24141.00	INCREMENT	rogular	Y
12016	7/31/2016	Instructor III			icine, Visayas State University icine, Visayas State University	24141.00	14-1	regular	Y
6/2001	10/27/2011	Instructor I		College of Veterinary Medicine, Visayas State University College of Veterinary Medicine, Visayas State University		219996.00	12-1	temporary	Y
0/29/2010	05/31/2011	Instructor I		College of Veterinary Medicine, Visayas State University		200712.00	12-1	temporary	Y
6/24/2010	10/28/2010	Instructor I		College of Veterinary Med	icine, Visayas State University	200712.00	12-1	contractual	Y
7/2009	06/23/2010	Instructor I		College of Veterinary Med	licine, Visayas State University	181428.00	12-2	contractual	Y
7/2008	06/30/2009	Instructor I		College of Veterinary Med	licine, Visayas State University	162144.00	N/A	contractual	Y
0/6/2008	06/30/2008	Instructor I	putary.	College of Veterinary Med	licine, Visayas State University	147408.00	N/A	contractual	Y
77/2007	05/31/2008	Special Science Teacher- II		Philippine Science High S	chool- Davao City	186096.00	N/A	temporary	Y
	W 1000 1000 1000 1000 1000 1000 1000 10								
det.									
			(0	Continue on separate shee	t if necessary)				
SIG	NATURE	Stop .			DATE	/	Uov. 18.	2019	

, NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK		
(write in rul		From To			POSITION / NATURE OF WORK		
Christ Baptist Chu	urch	1/05/2019	present	20		Deacon	
Grace Drive Ministries (non-profit organiz	cation; www.gracedrive.org)	10/03/2016	2/05/2017	30	F 1677	Web Administrator	
<u> </u>		м			50.50		
		,				1	
	/Con			_ WEITEL	Parkara in		
II. LEARNING AND DEVELOPMENT (L&D)	INTERVENTIONS/TRAINING PR	OGRAMS AT			manerial mellione		
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
		From	То		Technicarete	Tana terrengan sa	
6th Philippine Society of Animal Sience Scientific Semin		10/15/2019	10/17/2010	20.0	Technical	Philippine Society of Animal Sience (PSAS)	
ternational Livestock Symposium on Male Fertility and omestic Animals	Semen Cryopreservation Techniques in	10/14/2019	10/14/2019	8.0	Technical	Philippne Carabao Center (PCC)	
orisk Management Workshop for Veterinarians in Rese	earch and Academia	09/16/2019	09/20/2019	40.0	Technical	Sandia National Laboraties/ Global Biorisk Manageme Curriculum (GBRMC)	
aining Workshop on Writing Research Papers for Peer	-Reviewed Publications	7/01/2019	7/03/2019	3.0	Technical	Visayas Socio-Economic Research and Data Analytics Cnter, Visayas State University and Phi Dlta, The Hon Society of Science	
6th PVMA Scientific Conference and Annual Conventio	n	02/20/2019	2/22/2019	24.0	Technical	Philippine Veterinary Medical Association	
Animal Welfare Sicence Workshop for Veterinary Faculty in the Philippines		2/13/2019	2/14/2018	16.0	Technical	Jeanne Marchig International centre for Animal Welfard Education and the Philippine Veterinary Medical Association	
4th PVMA Scientific Conference and Annual Convention	on .	02/21/2017	02/23/2017	16.0	Technical	Philippine Veterinary Medical Association	
nnual Meetings of the Endocrine Society of Australia an ustralia and New Zealand Bone and Mineral Society 20		08/21/2016	08/24/2016	20.0	Technical	Endocrine Society of Australia and Society for Reproductive Biology and Australia and New Zealand	
oata Storage and Management		10/72016	10/07/201	6 2.0	Technical	Graduate Research School, James Cook University, Townsville, Qld., Australia	
		,					
95.50 - 1.92 - 359	1 20-1-						
	(Cor	ntinue on separate	e sheet if necessal	γ)			
VIII. OTHER INFORMATION							
31. SPECIAL SKILLS and HOBBIES	32. NON		TINCTIONS / RECO	GNITION	SO TO AMOUNT	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Sperm freezing/ Cryopreservation	None	larty of or		en Almor	v est e	Philippine Veterinary Medical Association	
TUNEL Assay and Flow cytometry	1					PHI DELTA Honor Society of Science	
SPSS (Statistical Analyses)		1:			Christ Baptist Church		
Search Engine Optimization Web Development					JCU Alumni -		
					Y		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				***		100 No. 100 No	
A LEGIS ESTATE LE STANCE	100	ntinue on second	le sheet if necessa	n/l	A-8-1		
SIGNATURE (A)		at a shape or the common	or the property of the control of the	alega eko a agasta da kara a segla a	DATE		

	Are you related by consenduinity or attinity to the appointing	g or recommending authority or to the		¥°
	Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate	그런 보고 있다고 되는데 그리고 있는데 그리고 있는데 그리고 있다면 하는데 그리고 있다면 하는데 되었다면 하는데 그리고 있다면 하는데 그리고 있다면 하는데 그리고 있다면 하는데 그리고 있다면 하는데		
	Bureau or Department where you will be apppointed,	e supervision over you in the Office,		
	A MANUAL PROPERTY OF THE PROPE	en en stagen en stag i stag til stag til en en en en en en en stag stag stag som en		
	a. within the third degree?		☐ YES ☑ I	NO '
	b. within the fourth degree (for Local Government Unit - Ca	reer Employees)?	☐ YES ☑ I	NO ' "
			If YES, give details:	
35.	a. Have you ever been found guilty of any administrative of	fense?	□ 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:	
36.	Have you ever been convicted of any crime or violation of a	any law, decree, ordinance or regulation by	☐ YES ☑	NO
	any court or tribunal?		If YES, give details:	
		The state of the s		
37.	Have you ever been separated from the service in any of the	ne following modes: resignation, retirement,		I NO
	dropped from the rolls, dismissal, termination, end of term,	finished contract or phased out (abolition)	If YES, give details:	
	in the public or private sector?		Resigned from	high school to university job
38	a. Have you ever been a candidate in a national or local ele	ection held within the last year (except	E VEC	E NO
30.	Barangay election)?			☑ NO
	Baranga) crossory.		If YES, give details:	
	b. Have you resigned from the government service during to	the three (3)-month period before the last	□ YES	☑ NO
	election to promote/actively campaign for a national or local		If YES, give details:	
39.	Have you acquired the status of an immigrant or permaner	it resident of another country?	□ YES	☑ NO
			If YES, give details (c	ountry):
40	D () 1 " D 1 A . (DA 0074) () 14	0 1 (0: 11 10 (04 7077)		
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma			
	and (c) Solo Parents Welfare Act of 2000 (RA 8972), pleas	se answer the following items:		
a.	Are you a member of any indigenous group?		□ YES	☑ NO
		200	If YES, please specify:	
b.	Are you a person with disability?		□ YES	☑ NO
C.			If YES, please specify ID	No:
C.	Are you a solo parent?		If YES, please specify ID ☐ YES	No:
C.		na process	If YES, please specify ID	No:
c. 41.		nt /appointee)	If YES, please specify ID ☐ YES	No:
c. 41.	Are you a solo parent?		If YES, please specify ID ☐ YES	No:
c. 41.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME	nt /appointee) ADDRESS	If YES, please specify ID ☐ YES If YES, please specify ID	No:
c. 41.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant		If YES, please specify ID ☐ YES If YES, please specify ID	No:
c. 41.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Eugene B. Laña	ADDRESS CVM, Visayas State University	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071	No:
c.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME	ADDRESS	If YES, please specify ID YES If YES, please specify ID TEL. NO.	No:
c. 41.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applican NAME Dr. Eugene B. Laña Dr. Julius B. Abela	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648	No:
c. 41.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Eugene B. Laña	ADDRESS CVM, Visayas State University	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071	No:
	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applican NAME Dr. Eugene B. Laña Dr. Julius B. Abela	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067	No:
	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished.	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a t	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 rue, correct and	No:
	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applican NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a tinent laws, rules and regulations of the	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 rue, correct and Republic of the	No: No: No:
	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertical part of the provisions of pertical pursuant in the provisions of pertical part of the provisions of pertical pursuant in the provisions of pertical part of the provisions of the pertical part of the provisions of the provisions of the pertical part of the provisions of the perturbation part of the perturbation part of the perturbation part o	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a tinent laws, rules and regulations of the sentative to verify/validate the contents state	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 Tue, correct and Republic of the ed herein.	No:
	Are you a solo parent? REFERENCES (Person not related by consenguinity or affinity to applicant NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertipolippines. I authorize the agency head/authorized representations.	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a tinent laws, rules and regulations of the sentative to verify/validate the contents state	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 Tue, correct and Republic of the ed herein.	No: No: No:
	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertentilippines. I authorize the agency head/authorized represagree that any misrepresentation made in this documents.	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a tinent laws, rules and regulations of the sentative to verify/validate the contents state	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 Tue, correct and Republic of the ed herein.	No: No: No:
42.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperation. I authorize the agency head/authorized representation made in this documents and the provision of pertiperation of the provision of the provision of pertiperation of the provision of the provisio	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a tinent laws, rules and regulations of the sentative to verify/validate the contents state	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 Tue, correct and Republic of the ed herein.	No: No:
42.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applican NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperity personal persona	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a tinent laws, rules and regulations of the sentative to verify/validate the contents state	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 Tue, correct and Republic of the ed herein.	No: No:
42.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applican NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertent Philippines. I authorize the agency head/authorized representation made in this document and administrative/criminal case/s against me.	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a tinent laws, rules and regulations of the sentative to verify/validate the contents state	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 Tue, correct and Republic of the ed herein.	No: No: No:
42.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applican NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperity personal persona	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a tinent laws, rules and regulations of the sentative to verify/validate the contents state	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 Tue, correct and Republic of the ed herein.	No: No:
42.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applican NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertent Philippines. I authorize the agency head/authorized representation made in this document and administrative/criminal case/s against me.	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a tinent laws, rules and regulations of the sentative to verify/validate the contents state cument and its attachments shall caus	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 rue, correct and Republic of the ed herein. I e the filing of	No: No:
42.	Are you a solo parent? REFERENCES (Person not related by consenguinity or affinity to applicant NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperation. I authorize the agency head/authorized repressagree that any misrepresentation made in this document and administrative/criminal case/s against me. Riovernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) RICEASE INDICATE ID Number and Date of Issuance overnment Issued ID: Passport Officiense/Passport No.: EC7623613	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a tinent laws, rules and regulations of the sentative to verify/validate the contents state cument and its attachments shall caus Signature (Sign inside the b	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 rue, correct and Republic of the ed herein. I e the filling of	No: No:
42.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperation. I authorize the agency head/authorized repressagree that any misrepresentation made in this document administrative/criminal case/s against me. Rovernment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) REASE INDICATE ID Number and Date of Issuance overnment Issued ID: Passport	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a tinent laws, rules and regulations of the sentative to verify/validate the contents state cument and its attachments shall caus	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 rue, correct and Republic of the ed herein. I e the filling of	No: No: No:
42.	Are you a solo parent? REFERENCES (Person not related by consenguinity or affinity to applicant NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperation. I authorize the agency head/authorized repressagree that any misrepresentation made in this document and administrative/criminal case/s against me. Riovernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) RICEASE INDICATE ID Number and Date of Issuance overnment Issued ID: Passport Officiense/Passport No.: EC7623613	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a trainent laws, rules and regulations of the sentative to verify/validate the contents state cument and its attachments shall caus Signature (Sign inside the base of the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents shall cause the sentative to verify/validate th	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 rue, correct and Republic of the ed herein. I e the filling of	No: No: SANTIAGOT PEÑA, JR PHOTO
42.	Are you a solo parent? REFERENCES (Person not related by consenguinity or affinity to applicant NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiperation. I authorize the agency head/authorized repressagree that any misrepresentation made in this document and administrative/criminal case/s against me. Riovernment Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) RICEASE INDICATE ID Number and Date of Issuance overnment Issued ID: Passport Officiense/Passport No.: EC7623613	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a tinent laws, rules and regulations of the sentative to verify/validate the contents state cument and its attachments shall caus Signature (Sign inside the bigging of the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state the sentative to verify/validate the contents state the sentative to verify/validate the contents state the sentative to verify/validate the sentative to verify/val	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 rue, correct and Republic of the ed herein. I e the filing of	No: No: SANTIAGOT PEÑA, JR PHOTO
42.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiphilippines. I authorize the agency head/authorized represagree that any misrepresentation made in this document and administrative/criminal case/s against me. Revermment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) REASE INDICATE ID Number and Date of Issuance overnment Issued ID: Passport Officiense/Passport No.: EC7623613 ate/Place of Issuance: PCG Sydney	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a trainent laws, rules and regulations of the sentative to verify/validate the contents state cument and its attachments shall caus Signature (Sign inside the base of the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents shall cause the sentative to verify/validate th	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 rue, correct and Republic of the ed herein. I e the filing of	SANTIAGOT PEÑA, JR PHOTO Right Thumbmark
42.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiphilippines. I authorize the agency head/authorized represagree that any misrepresentation made in this document and administrative/criminal case/s against me. Revermment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) REASE INDICATE ID Number and Date of Issuance overnment Issued ID: Passport Officiense/Passport No.: EC7623613 ate/Place of Issuance: PCG Sydney	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a trainent laws, rules and regulations of the sentative to verify/validate the contents state cument and its attachments shall caus Signature (Sign inside the base of the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents state cument and its attachments shall cause the sentative to verify/validate the contents shall cause the sentative to verify/validate th	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 rue, correct and Republic of the ed herein. I e the filing of	SANTIAGOT PEÑA, JR PHOTO Right Thumbmark
42.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiphilippines. I authorize the agency head/authorized represagree that any misrepresentation made in this document and administrative/criminal case/s against me. Revermment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) REASE INDICATE ID Number and Date of Issuance overnment Issued ID: Passport Officiense/Passport No.: EC7623613 ate/Place of Issuance: PCG Sydney	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a tinent laws, rules and regulations of the sentative to verify/validate the contents state cument and its attachments shall caus Signature (Sign inside the b Pour 18 200 Date Accomplished	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 True, correct and Republic of the ed herein. I e the filing of the ed herein. I will be the filing of the ed herein. I e the filing of the ed herein.	SANTIAGOT PEÑA, JR PHOTO Right Thumbmark
42.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiphilippines. I authorize the agency head/authorized represagree that any misrepresentation made in this document and administrative/criminal case/s against me. Revermment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) REASE INDICATE ID Number and Date of Issuance overnment Issued ID: Passport Officiense/Passport No.: EC7623613 ate/Place of Issuance: PCG Sydney	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a timent laws, rules and regulations of the sentative to verify/validate the contents state cument and its attachments shall caus Signature (Sign inside the back of the pate Accomplished) ATTY. RYSANC. GU	If YES, please specify ID YES If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 rue, correct and Republic of the ed herein. I e the filing of the ed herein. I will be the filing of the ed herein. I e the filing of the ed herein.	SANTIAGOT PEÑA, JR PHOTO Right Thumbmark
42.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiphilippines. I authorize the agency head/authorized represagree that any misrepresentation made in this document and administrative/criminal case/s against me. Revermment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) REASE INDICATE ID Number and Date of Issuance overnment Issued ID: Passport Officiense/Passport No.: EC7623613 ate/Place of Issuance: PCG Sydney	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a tinent laws, rules and regulations of the sentative to verify/validate the contents state cument and its attachments shall caus Signature (Sign inside the b Pour 18 20 Date Accomplished 2 0 NOV 2019 , affiant exhibit	If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 rue, correct and Republic of the ed herein. I e the filing of	SANTIAGOT PEÑA, JR PHOTO Right Thumbmark
42.	Are you a solo parent? REFERENCES (Person not related by consanguinity or affinity to applicant NAME Dr. Eugene B. Laña Dr. Julius B. Abela Dr. Edgardo E. Tulin I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertiphilippines. I authorize the agency head/authorized represagree that any misrepresentation made in this document and administrative/criminal case/s against me. Revermment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) REASE INDICATE ID Number and Date of Issuance overnment Issued ID: Passport Officiense/Passport No.: EC7623613 ate/Place of Issuance: PCG Sydney	ADDRESS CVM, Visayas State University DAS, CAFS, Visayas State University Office of the President, Visayas State University ed this Personal Data Sheet which is a timent laws, rules and regulations of the sentative to verify/validate the contents state cument and its attachments shall caus Signature (Sign inside the back of the pate Accomplished) ATTY. RYSANC. GU	If YES, please specify ID TEL. NO. 053 563-7071 053 335-2648 053 563 7067 rue, correct and Republic of the ed herein. I e the filing of	SANTIAGOT PEÑA, JR PHOTO Right Thumbmark