3580 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 filing of administrative/criminal case/s against the person READ THE ATT, ACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM. 1. CS ID No. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes ( ) a use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 2 SURNAME Estrosas NAME EXTENSION (JR., SR) FIRST NAME Maria Fatima MIDDLE NAME Bohol 3. DATE OF BIRTH October 03, 1992 16. CITIZENSHIP ✓ Filipino ☐ Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH Baybay City, Leyte If holder of dual citizenship, Pls. indicate country: please indicate the details **▼** Female □ Male 5 SEX W **BIASONG STREET** ☐ Single ✓ Married 17 RESIDENTIAL ADDRESS 6 CIVIL STATUS House/Block/Lot No. ☐ Widowed ☐ Separated BRGY, MARCOS Other/s: Subdivision/Village Barangay **BAYBAY CITY** LEYTE 7. HEIGHT (m) 1.50 m City/Municipality Province 8. WEIGHT (kg) 45 kg ZIP CODE 18. PERMANENT ADDRESS **BIASONG STREET** 9. BLOOD TYPE **Blood Type B** House/Block/Lot No. Street BRGY. MARCOS 2005203341 10. GSIS ID NO. Subdivision/Village Barangay **BAYBAY CITY** LEYTE 11. PAG-IBIG ID NO 917174381669 City/Municipality Province 13-252156584-9 6521 12 PHILHEALTH NO ZIP CODE 13. SSS NO. N/A 19. TELEPHONE NO. NIA 14. TIN NO. 492 732 533 09161575823 20. MOBILE NO. 15. AGENCY EMPLOYEE NO. N/A 21 E-MAIL ADDRESS (if anv) faith.ako20@amail.com, mfestrosas@vsu.edu.ph I. FAMILY BACKGROUND 22 SPOUSE'S SURNAME Chavez 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) N/A Ryo Uno E. Chavez FIRST NAME Stephen James 4/29/2021 N/A Martinez N/A MIDDLE NAME N/A OCCUPATION **Computer Programmer** N/A N/A EMPLOYER/BUSINESS NAME Visayas State University N/A Visca Baybay City, Leyte N/A BUSINESS ADDRESS N/A TELEPHONE NO NIA N/A N/A 24. FATHER'S SURNAME Estrosas N/A NAME EXTENSION (JR., SR) JR N/A FIRST NAME Lucio N/A N/A MIDDLE NAME Escol N/A N/A 5 MOTHER'S MAIDEN NAME N/A N/A SURNAME Estrosas N/A FIRST NAME Ida N/A MIDDLE NAME Merin (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COURSE YEAR **ACADEMIC** LEVEL UNITS EARNED HONORS RECEIVED GRADUATED (if not graduated) From To MARCOS ELEMENTARY SCHOOL N/A 2000 2004 N/A N/A **1ST HONOR** ELEMENTARY SAN. AGUSTIN ELEMENTARY SCHOOL N/A 2004 2006 4TH HONOR N/A 2006 **BUNGA NATIONAL HIGH SCHOOL** SECONDARY N/A 2006 2010 N/A 2010 9TH HONOR VOCATIONAL / N/A N/A N/A N/A NA N/A N/A TRADE COURSE BACHELOR OF SCIENCE IN VISAYAS STATE UNIVERSITY 2010 2016 N/A 2016 N/A DEVELOPMENT COMMUNICATION

MS Agricultural Extension

VISAYAS STATE UNIVERSITY

GRADUATE STUDIES

SIGNATURE

N/A

CS FORM 212 (Revised 2017), Page 1 of 4

N/A

N/A

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	ERVICE ELIGIE			DATE OF				LICENSE (if a	NOT THE REAL PROPERTY.
77. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE			RATING (If Applicable)	N/A  N/A  N/A  N/A  N/A  N/A  N/A  N/A	PLACE OF EXAMINATION / CONFERMENT			NUMBER	Date o
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	INCLUSIVE DATES (mm/dd/yyyy) POSITION TITLE (Write in full/Do not abbreviate) From To		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)	
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OLUNTARY WORK OR INVOLVEMEN	T IN CIVIC / NON-GOVERNMENT	/ PEOPLE / V	OLUNTARY	ORGANIZATIOI	V/S		
NAME & ADDRESS OF ORGANIZATION (Write in full)		INCLUSIVE DATES (mm/dd/yyyy) From To		NUMBER OF HOURS	POSITION / NATURE OF WORK		
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Intellectual Property Four	dation Course	From 12/5/2017	12/6/2017	48 hrs	technical	OVPRE	
Extension Project Prop	osal Training	3/5/2018	3/9/2018	120 hrs	technical	Agricultural Training Institute	
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OTHER INFORMATION		Kalendari e de la companya de la co					
SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)					33. MEMBERSHIP IN ASSOCIATION/ORGANIZAT	
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34.	Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate Bureau or Department where you will be apppointed, a. within the third degree?		☐ YES ☑ NO			
	b. within the fourth degree (for Local Government Unit - Care	er Employees)?	☐ YES ☑ NO If YES, give details:			
35.	a. Have you ever been found guilty of any administrative offer	☐ 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 any any court or tribunal?	☐ YES ☑ NO If YES, give details:				
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, fin 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 and a section and a section and a section are section.	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local of	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent in	☐ YES ☑ NO If YES, give details (country):				
40	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag	na Carta for Disabled Persons (PA 7277):				
-10.	and (c) Solo Parents Welfare Act of 2000 (RA 8972), please					
a.	Are you a member of any indigenous group?	☐ YES ☑ NO If YES, please specify:				
b.	Are you a person with disability?	☐ YES ☑ NO If YES, please specify ID No:				
C.	Are you a solo parent?	☐ YES ☑ NO If YES, please specify ID No:				
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)				
	NAME	ADDRESS	TEL. NO.			
	DR. MONINA ESCALADA	VISCA BAYBAY CITY LEYTE	9189239657	3 6 mm		
The same of the sa	DR. EDITHA G. CAGASAN	VISCA BAYBAY CITY LEYTE	9182700721	A=A		
delen	DR. CHRISTINA A. GABRILLO	VISCA BAYBAY CITY LEYTE	9322497436	*		
42.	I declare under oath that I have personally accomplished complete statement pursuant to the provisions of pertine Philippines. I authorize the agency head/authorized represe agree that any misrepresentation made in this docu administrative/criminal case/s against me.	ent laws, rules and regulations of the entative to verify/validate the contents state	Republic of the ad herein.	РНОТО		
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1	D/License/Passport No.: 3708-0221A	Signature (Sign inside the b	e box)			
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The state of the s	SUBSCRIBED AND SWORN to before me this	NOV 2021 , affiant exhib	iting his/her validly issued government	ID as indicated above.		
		ATTY RYSAN C. GUINOCOR				
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