

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 concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes ( ☐ and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	GALVEZ		
FIRST NAME	LORINA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ACILO		
3. DATE OF BIRTH (mm/dd/yyyy)	9/26/70	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Baybay Leyte	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Apt. 25 Kilbourne Drive House/Block/Lot No. Street Visca,VSU Brg. Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	1.51 m	ZIP CODE	6521
8. WEIGHT (kg)	57 kg	18. PERMANENT ADDRESS	Apt. 25 Kilbourne Drive House/Block/Lot No. Street Visca,VSU Brg. Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province
9. BLOOD TYPE	"B"	ZIP CODE	6521
10. GSIS ID NO.	956 1207244 01 8	19. TELEPHONE NO.	NA
11. PAG-IBIG ID NO.	913200120855	20. MOBILE NO.	09751489080
12. PHILHEALTH NO.	19-000753113-7	21. E-MAIL ADDRESS (if any)	galvez3352@yahoo.com:lorina.galvez@vsu.edu.ph
13. SSS NO.	NA		
14. TIN NO.	153-545-350		
15. AGENCY EMPLOYEE NO.			

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME	Galvez		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Limuel	NAME EXTENSION (JR., SR)	Kurt Nathaniel A. Galvez	1/27/91
MIDDLE NAME	Jabines		Kathleen Mae A. Galvez	1/22/93
OCCUPATION	Farmer/self employed		Karl John A. Galvez	4/28/95
EMPLOYER/BUSINESS NAME	NA		Kelvin Joshua A. Galvez	7/22/04
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	Acilo			
FIRST NAME	Rufino	Sr.		
MIDDLE NAME	Logo			
25. MOTHER'S MAIDEN NAME				
SURNAME	Montilla			
FIRST NAME	Victoria			
MIDDLE NAME	Paz			

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	Baybay South Central School	Primary Education	1977	1983	Graduated	1983	Valedictorian
SECONDARY	Experimental Rural High School	High School	1983	1987	Graduated	1987	With honors
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	Visayas State University	BS in Agricultural in Chemistry	1987	1992	Graduated	1992	Shouichi Yoshida
GRADUATE STUDIES	Leyte State University	MS in Food Science and Technology	1992	2002	Graduated	2002	
	University of the Phil. Los Banos	PhD in Food Science	2008	2011	Graduated	2011	DOST Scholar

(Continue on separate sheet if necessary)

SIGNATURE		DATE	Nov. 18, 2019	CS FORM 212 (Revised 2017), Page 1 of 4
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## V. WORK EXPERIENCE

*(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*

(Continue on separate sheet if necessary)

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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A				


(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)


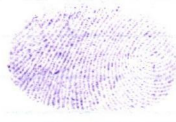

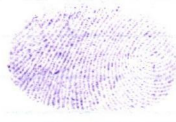

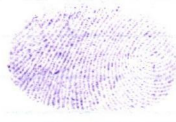
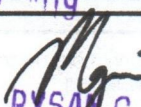
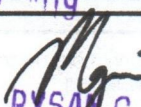
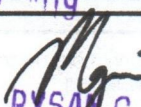
31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Cooking		NA		Phil. Society for Lactic Acid Bacteria , Inc.
	Product Development				PCAARRD Scholars' Association, Inc.
					Phil. Fruit Association, Inc.
					Lifetime Member, Gamma Honor Society
					Phil. Society for Microbiology, Inc.
					Member, International Tropical Fruits Network
					Phil. Association of Food Technologist, Inc.

(Continue on separate sheet if necessary)

SIGNATURE 

DATE Nov. 18, 2019



<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p>	<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;"><u>Resigned from UPMindanao due to health reason</u></p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Dr. Edgardo E. Tulin</td> <td>Visayas State University</td> <td>053-335-2601</td> </tr> <tr> <td>Dr. Victor B. Asio</td> <td>Visayas State University</td> <td>053-5637435</td> </tr> <tr> <td>Dr. Ivy C. Emnace</td> <td>Visayas State University</td> <td>9069267236</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Dr. Edgardo E. Tulin	Visayas State University	053-335-2601	Dr. Victor B. Asio	Visayas State University	053-5637435	Dr. Ivy C. Emnace	Visayas State University	9069267236
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<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>UMID CRN:006008659651</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>Passport: EC7895753</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>June 2, 2016/DFA Tacloban City</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	UMID CRN:006008659651	ID/License/Passport No.:	Passport: EC7895753	Date/Place of Issuance:	June 2, 2016/DFA Tacloban City	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">             Signature (Sign inside the box)  <u>Nov. 18, 2019</u>            Date Accomplished         </td> <td style="text-align: center; height: 100px;">             Right Thumbmark         </td> </tr> </table>	 Signature (Sign inside the box) <u>Nov. 18, 2019</u> Date Accomplished	 Right Thumbmark
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<p>SUBSCRIBED AND SWORN to before me this <u>18 NOV 2019</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="text-align: center;">   <b>ATTY. RYSA C. GUINOCOR</b>            VSU LEGAL OFFICER            Person Administering Oath         </td> </tr> </table>		 <b>ATTY. RYSA C. GUINOCOR</b> VSU LEGAL OFFICER Person Administering Oath											
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