

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	FERRAREN		
FIRST NAME	DILBERTO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	OCAMPO		
3. DATE OF BIRTH (mm/dd/yyyy)	8/1/1959	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	CEBU CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input 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:		
7. HEIGHT (m)	1.68 m	17. RESIDENTIAL ADDRESS	G1 Duplex House/Block/Lot No. Street Visca Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	72 kg	18. PERMANENT ADDRESS	G1 Duplex House/Block/Lot No. Street Visca Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province ZIP CODE 6521
9. BLOOD TYPE	"B"	19. TELEPHONE NO.	(053) 563 7209
10. GSIS ID NO.	006 - 0118 - 6594-0	20. MOBILE NO.	0926 611 1455
11. PAG-IBIG ID NO.	1700 - 0024 - 9340	21. E-MAIL ADDRESS (if any)	bertocaferr@yahoo.com or dilberto.ferraren@vsu.edu.ph
12. PHILHEALTH NO.	13 0000 641 724		
13. SSS NO.			
14. TIN NO.	104 767 925		
15. AGENCY EMPLOYEE NO.	V000209		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	FERRAREN		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ANGELA	NAME EXTENSION (JR., SR) N/A	GEOFF RAYMOND A. FERRAREN	2/28/1990
MIDDLE NAME	ALMENDRAS			
OCCUPATION	RETIRED PROFESSOR			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	FERNANDEZ			
FIRST NAME	ILDEFONSO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	CANONIGO			
25. MOTHER'S MAIDEN NAME				
SURNAME	FERRAREN			
FIRST NAME	ELIZABETH			
MIDDLE NAME	OCAMPO			
(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	Sani Nicolas Elementray School	Elementary	1966	1972			
SECONDARY	Cebu City National Science High School	Secondary	1972	176			
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BSA Agricutrue	1976	1980	BS Agriculture	1980	Cum Laude
GRADUATE STUDIES	University of Birmingham, UK	MSC Plant Genetic Resources: Conservation & Utilization	6/4/1905	6/5/1905	MSc	1983	IBPGR Fellowship
Postgraduate Studies	Univesity of the Philippines (Diliman)	Ph.D. Moleulcar Biology & Biotechnology	1995	2005	PH.D.	2005	PCASTRD
(Continue on separate sheet if necessary)							

SIGNATURE		DATE	20 Dec 2019	CS FORM 212 (Revised 2017), Page 1 of 4
-----------	---	------	-------------	---

IV. CIVIL SERVICE ELIGIBILITY

27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING G (If Applica ble)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	PD 907					


(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

28.	INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable) & STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
	From	To						
	4/16/1980	2/28/1981	Instructor	ViSCA, National	944.00		Temporary	yes
	3/1/1981	4/15/1983	Instructor	ViSCA, National	1,043.00		Temporary	yes
	10/10/1983	12/31/1983	Sci. Res. Specialist	ViSCA, National	1,211.00		Temporary	yes
	1/1/1984	4/30/1984	Sci. Res. Specialist III	ViSCA, National	1,894.00		Temporary	yes
	5/1/1984	12/31/1984	Sci. Res. Specialist III	ViSCA, National	2,093.00		Temporary	yes
	1/1/1985	6/30/1986	Sci. Res. Specialist III	ViSCA, National	2,311.00		Temporary	yes
	7/1/1986	2/28/1987	Sci. Res. Speicalist III	ViSCA, National	2,553.00		Temporary	yes
	3/1/1987	12/31/1987	Sci. Res. Specialist III	ViSCA, National	2,935.95		Temporary	yes
	1/1/1988	12/31/1988	Sci. Res. Specialist III	ViSCA, National	3,229.58		Temporary	yes
	1/1/1989	6/30/1989	Instructor III (R/E)	ViSCA, National	3,229.58		Temporary	yes
	7/1/1989	11/30/1992	Instructor III (R/E)	ViSCA, National	4,215.00		Temporary	yes
	12/1/1992	12/31/1993	Asst. Prof. II	ViSCA, National	4,786.00		Temporary	yes
	1/1/1994	8/18/1994	Asst. Prof. II	ViSCA, National	5,486.00		Temporary	yes
	8/19/1994	12/31/1994	Asst. Prof. IV	ViSCA, National	6,370.00		Temporary	yes
	1/1/1995	12/31/1995	Asst. Prof. IV	ViSCA, National	7,370.00		Temporary	yes
	1/1/1996	12/31/1996	Asst. Prof. IV	ViSCA, National	9,274.00		Temporary	yes
	1/1/1997	10/31/1997	Asst. Prof. IV	ViSCA, National	11,495.00		Temporary	yes
	11/1/1997	11/30/1997	Asst. Prof. IV	ViSCA, National	13,715.00		Temporary	yes
	12/1/1997	9/30/1998	Asst. Prof. IV	ViSCA, National	15,517.00		Temporary	yes
	10/1/1998	12/31/1999	Asst. Prof. IV	ViSCA, National	15,517.00		Permanent	yes
	1/1/2000	6/30/2001	Asst. Prof. IV	ViSCA, National	17069		Permanent	yes
	7/1/2002	12/31/2001	Asst. Prof. IV	ViSCA, National	17,922.00		Permanent	yes
	12/1/2005	11/30/2005	Asst. Prof. IV	LSU, National	17,922.00		Permanent	yes
	7/1/2007	6/30/2007	Asso. Prof. II	LSU, National	18,244.00		Permanent	yes
	7/1/2008	6/30/2008	Asso. Prof. II	VSU, National	20,068.00		Permanent	yes
	12/1/2008	11/30/2008	Asso. Prof. II	VSU, National	22,075.00		Permanent	yes
	7/1/2009	6/30/2009	Asso. Prof. II	VSU, National	22,626.00		Permanent	yes
	10/1/2009	6/23/2010	Asso. Prof. IV	VSU, National	26,314.00		Permanent	yes
	6/24/2010	5/31/2011	Asso. Prof. IV	VSU, National	28,134.00		Permanent	yes
	6/1/2011	11/30/2011	Asso. Prof. IV	VSU, National	37,812.00		Permanent	yes
	12/1/2011	5/31/2012	Professor II	VSU, National	46,848.00		Permanent	yes
	6/1/2012	11/30/2014	Professor II	VSU, National	53,730.00		Permanent	yes
	12/1/2014	12/31/2014	Professor II	VSU, National	54,321.00		Permanent	yes
	1/1/2015	12/31/2015	Professor III	VSU, National	58,028.00		Permanent	yes
	1/1/2016	12/31/2016	Professor III	VSU, National	67,690.00		Permanent	yes
	1/1/2017	12/31/2017	Professor III	VSU, National	78,960.00		Permanent	yes
	1/1/2018	12/31/2018	Professor III	VSU, National	92,108.00		Permanent	yes
	1/1/2018		Professor III	VSU, National (note: NOSI/Step 2)	93,488.00		Permanent	yes
	1/1/2019	present	Professor III	VSU, National	109,197.00		Permanent	yes

(Continue on separate sheet if necessary)

SIGNATURE		DATE	21 Dec 2019	CS FORM 212 (Revised 2017), Page 2 of 4
-----------	---	------	-------------	---

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

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

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)


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	To			
	Zonal Orientation for SUCs on the PIP Updating as Input to FY 2020 Budget Preparation & PIP Online System	Sept 12 2018		7.0	Supervisory	CHED/NEDA
	Briefing onb the PIP Updating and TRIP Formulation & Hands-on Sessions on the PIPOL System	Sept 27 2018		7.0	Supervisory	NEDA
	PRIME - HRM	Septem 14 2018		7.0	Supervisory	VSU
	Competency based HR	4 - 6 July 2018		16.0	Supervicosry	VSU
	In-House Training on Republic Act 9184 and the 2016 Revised Implementing Rules and Regulations	10 - 12 June 2019			Technical	gppb-tso (GPPB Regional Composte Team and VSU
	Philippine Government Electronic Procurement System (PhilGEPS) Training for Buyers	17 - 18 July 2019			Technical	Philippine Government Electronic Procurement System
	Expanding Local Government Unit's Capacities in Comprehensive Development Planning through State Universities and Colleges and Local Resource Instituions	11 - 16 November 2019			Technical	DILG, SURP of the University of the Philippines










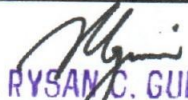
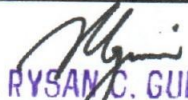
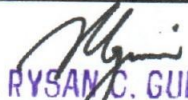
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
					Alpha Phi Omega International Fraternity Philippines Inc.
					Philippines Society of Lactic Acid Bacteria
					Society of Agriculural Education in Region 8
					Crop Society of the Philippines

(Continue on separate sheet if necessary)

SIGNATURE		DATE	21 Dec 2019	CS FORM 212 (Revised 2017), Page 3 of 4
------------------	---	-------------	-------------	---

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to 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, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____												
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____												
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 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify ID No: <u>Visually Impaired</u> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Dr. Jose L. Bacusmo</td><td>Visayas Consortium for Agriculture, Aquatic and Resources Program (VICAARP)</td><td>563-7458</td></tr><tr><td>Cynthia Dolores V. Godoy</td><td>ViSCA, Baybay City, Leyte</td><td>563-7229</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>	NAME	ADDRESS	TEL. NO.	Dr. Jose L. Bacusmo	Visayas Consortium for Agriculture, Aquatic and Resources Program (VICAARP)	563-7458	Cynthia Dolores V. Godoy	ViSCA, Baybay City, Leyte	563-7229				
NAME	ADDRESS	TEL. NO.											
Dr. Jose L. Bacusmo	Visayas Consortium for Agriculture, Aquatic and Resources Program (VICAARP)	563-7458											
Cynthia Dolores V. Godoy	ViSCA, Baybay City, Leyte	563-7229											
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.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td><td rowspan="4"></td></tr><tr><td>Government Issued ID: Visayas State University: V000209</td></tr><tr><td>ID/License/Passport No.: Diver's License: H12 -11-000240</td></tr><tr><td>Date/Place of Issuance:</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: Visayas State University: V000209	ID/License/Passport No.: Diver's License: H12 -11-000240	Date/Place of Issuance:	<table><tr><td>Signature (Sign inside the box)</td></tr><tr><td>Date Accomplished</td></tr></table>	Signature (Sign inside the box)	Date Accomplished					
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID: Visayas State University: V000209													
ID/License/Passport No.: Diver's License: H12 -11-000240													
Date/Place of Issuance:													
Signature (Sign inside the box)													
Date Accomplished													
<table><tr><td> DILBERTO O. FERRAREN</td><td> Right Thumbmark</td></tr></table>		 DILBERTO O. FERRAREN	 Right Thumbmark										
 DILBERTO O. FERRAREN	 Right Thumbmark												
SUBSCRIBED AND SWORN to before me this <u>07 JAN 2020</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td> ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath</td></tr></table>		 ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath											
 ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath													