CS Form No. 212 Revised 2017 PERSONAL INFORMATIO 2. SURNAME FALCONE FIRST NAME FELY MIDDLE NAME CAÑETE 3. DATE OF BIRTH 01/25/1993 16 CITIZENSHIP (mm/dd/yyyy) 4. PLACE OF BIRTH ORMOC CITY, LEYTE ☐ Male 5. SEX ✓ Female Single

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 1. CS ID No. Print legibly. Tick appropriate boxes (🔲) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. (Do not fill up. For CSC use only) NAME EXTENSION (JR., SR) ✓ Filipino ☐ Dual Citizenship by birth by naturalization If holder of dual citizenship, Pls. indicate country: please indicate the details. ✓ Married 17. RESIDENTIAL ADDRESS ZONE 1 6 CIVIL STATUS House/Block/Lot No. Widowed ☐ Separated Street GUADALUPE Other/s: Subdivision/Village Barangay BAYBAY LEYTE 7. HEIGHT (m) 143 City/Municipality Province 8. WEIGHT (kg) 41 ZIP CODE 6521 18. PERMANENT ADDRESS PUROK 2 9. BLOOD TYPE A+ House/Block/Lot No. Street MILAGRO 10 GSIS ID NO N/A Subdivision/Village Barangay ORMOC 11. PAG-IBIG ID NO. LEYTE N/A City/Municipality 12. PHILHEALTH NO. 13-025151003-3 ZIP CODE 13 SSS NO 0111-5964420-6 19 TELEPHONE NO N/A 14 TIN NO 458-935-641 20. MOBILE NO. 09487004608 15 AGENCY EMPLOYEE NO 21. E-MAIL ADDRESS (if any) fely.falcone@vsu.edu.ph FAMILY BACKGROUND 22. SPOUSE'S SURNAME FALCONE 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) NAME EXTENSION (JR., SR) N/A JOEL FIRST NAME MIDDLE NAME ILUMBA SEAFARER OCCUPATION EMPLOYER/BUSINESS NAME CAREER PHILIPPINES INCORPORATED BUSINESS ADDRESS MAKATI CITY TELEPHONE NO. 24 FATHER'S SURNAME CAÑETE NAME EXTENSION (JR., SR) FIRST NAME FERNANDO CAHAI MIDDLE NAME 25. MOTHER'S MAIDEN NAME ROSALES SURNAME FIRST NAME **ANTONIETA** MIDDLE NAME REAL (Continue on separate sheet if necessary) EDUCATIONAL BACKGROUND SCHOLARSHIP HIGHEST LEVEL/ UNITS EARNED BASIC EDUCATION/DEGREE/COURSE PERIOD OF ATTENDANCE NAME OF SCHOOL YEAR ACADEMIC LEVEL (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED To VALEDICTORIA **MILAGRO ELEMENTARY SCHOOL** ELEMENTARY PRIMARY EDUCATION 06/01/1999 01/03/2005 2005 GRADUATEN NEW ORMOC CITY NATIONAL HIGHSCHOOL SECONDARY HIGH SCHOOL 01/06/2005 01/03/2009 2009 NA GRADUATED VOCATIONAL / N/A TRADE COURSE PMCPFI COLLEGE VISAYAS STATE LINIVERSITY **BS AGRICULTURE** 01/04/2013 01/06/2009 GRADUATED 2013 **GRANT-Thesis** DOST-**GRADUATE STUDIES** VISAYAS STATE UNIVERSITY MS PLANT PATHOLOGY 01/05/2018 01/08/2021 GRADUATED 2021 ASTHRDP SCHOLAR te sheet if necessary) SIGNATURE DATE January 10, 2022

7. CARE	ER SERVICE/ RA 10	080 (BOARD/ BAR) UNDER		DATE OF				LICENSE (if a	pplicable)
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE RATING (If Applicable)				EXAMINATION / PLACE OF EXAMINA CONFERMENT		TION / CONFER	RMENT	NUMBER	Date of Validity
AGRICULTURIST			01/07/2013 TACLO		BAN CITY		0016908	1/25/202	
	EXPERIENCE vate employmen	nt. Start from your recen		ntinue on separate sheet		ed Work Ex	perience shee	t	
8. INCLI	USIVE DATES nm/dd/yyyy)	POSITION T (Write in full/Do not	ITLE	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	GOV'T SERVICE (Y/ N)
From 8/19/2021	To 12/24/2021	PART-TIME INST	TRUCTOR	VISAYAS STATE UNIVERSITY		23,000	N/A	CONTRACTUAL	4
8/01/2015	12/30/2017	SCIENCE RESEARC			ATE UNIVERSITY	17,000	N/A	CONTRACTUAL	1
2/01/2014	03/31/2015	SCIENCE RESEA	ARCH AIDE	VISAYAS STATE UNIVERSITY		6,600	N/A	CONTRACTUAL	7
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131 -			- 10-10-10 ptc - 10-						
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		4	- Y - A						
	IATURE	<u> </u>	(Co	ntinue on separate sheet	if necessary) DATE		January 10, 20	10	

VI. VOLUNTARY WORK OR INVOLVEMENT	N CIVIC / NON-GOVERNMENT			DRGANIZATION	I/S	
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			INCLUSIVE DATES (mm/dd/yyyy) From To		POSITION / NATURE OF WORK	
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	(C	ontinue on separat	sheet if necessa	N)		
III. LEARNING AND DEVELOPMENT (L&D)		NAME OF TAXABLE PARTY.	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS NAMED IN			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS		INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY
(Write in full	(Write in full)					
DRGANIC AGRICULTURE PRODUCTION NC II		99/03/2019	10/09/2019	232.0	TECHNICAL	TECHNICAL EDUCATION AND SKILLS
			-			DEVELOPMENT TECHNICAL EDUCATION AND SKILLS
AGRICULTURAL CROPS PRODUCTION NC II	Y 1	01/12/2019	01/02/2020	245.0	TECHNICAL	DEVELOPMENT
019 SUC-ACAP, Inc. Annual Convention		05/22/2019	05/24/2019	-		SUC-ACAP, Inc. Eastern Visayas Vegertable Farmer-Officer's
16th National Vegetable Congress	09/27/2017	09/29/2017	d street		Association	
9th Joint ViCAARP and RRDEN Regional Research Symposium	, Development and Extension	11/27/2017	11/28/2017		9 98 9	VICAARP and RRDEN
Master Class Training of ACIAR Vegetable Integrated Crop Management (ICM)			01/22/2016	40.0	TECHNICAL	ACIAR (Australian Center for International Agricultural Research)
Alternative Teaching Approaches: Do you think we	are ready?	07/28/2016				Dr. Abit, Oklahoma State University
Training Workshop on Writing Scientific Papers for	Peer-reviewed Publication	06/06/2016	06/09/2016	32.0	TECHNICAL	ACIAR (Australian Center for International Agricultural Research)
Fraining Course on Integrated Crop Management fo	r Vegetables	08/17/2015	a roll sent	8.0	TECHNICAL	ACIAR (Australian Center for International Agricultural Research)
Cm [7]	2-2			1		Agricultural resourcity
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	(0	Continue on separa	te sheet if necess	ary)		
VIII. OTHER INFORMATION						
31. SPECIAL SKILLS and HOBBIES	32. N	ON-ACADEMIC DIS	TINCTIONS / REC	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATIO (Write in full)
KNOWLEDGE IN MICROSOFT OFFICE	(write in run)				N/A	
APPLICATIONS PLANT DISEASE DIAGNOSIS	IVIA					and the same of th
PLANT DISEASE DIAGNOSIS						
PATHOGEN ISOLATION AND CULTURE		and the second of the second		and the second second		
WEED IDENTIFICATION AND MANAGEMENT KNOWLEDGE IN STATISTICAL DESIGN &		774.05 27 AMERICA		Annual Control of the other	Koningo e o tra	
ANALYSIS	7 12 7	1			-	
REPORT AND SCIENTIFIC WRITING		1 - 4 - 5				
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00047475		Continue on separa	ite sheet if necess		VATE	I 40 000°
SIGNATURE				and the second	DATE	January 10, 2022 CS FORM 212 (Revised 2017), Page 3

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?	The second section of the second seco	☐ YES ☑	NO				
	b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑	NO					
Str., 10			If YES, give details:					
35.	a. Have you ever been found guilty of any administrative offer	nse?	☐ YES ☑	NO				
			If YES, give details:					
udso is	b. Have you been criminally charged before any court?		☐ YES ☑	NO				
	S. Haro you book officially orlanged belove any countr	If YES, give details:						
		Date Filed:						
		Status of Case/s:						
36.			NO NO					
	any court or tribunal?	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, fir			NO				
-	the public or private sector?	If YES, give details:						
38.	a. Have you ever been a candidate in a national or local elec	tion held within the last year (except	YES	☑ NO				
	Barangay election)?	If YES, give details:						
	b. Have you resigned from the government service during the	등 사용 등 보다 전쟁에 있다면 하는 것이 되었습니다. 전환 전 보다 있는 것은 사용 등 전에 가장 보다 보다 보다 보다 보다 있다. 기계 전환 기계	☐ YES	☑ NO				
	election to promote/actively campaign for a national or local of		If YES, give details:					
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES	☑ NO				
		If YES, give details (country):						
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Mag and (c) Solo Parents Welfare Act of 2000 (RA 8972), please							
a.	Are you a member of any indigenous group?	□ vec	[Z] NO					
	, and a management group?	If YES, please specify:	✓ NO					
b.	Are you a person with disability?	☐ YES ☑ NO						
c.	Are you a solo parent?	If YES, please specify ID No:						
	nie you a solo parelit!		☐ YES ☑ NO If YES, please specify ID No:					
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	/appointee)						
	NAME	ADDRESS	TEL. NO.					
Г	DR. LUCIA M. BORINES	PDDL, VSU	917657908					
H	INISH CHRIS P. MESIAS							
-	INION CHAIS F. MESIAS	DFST, VSU	9504955081					
L	ELVIRA L. OCLARIT	DPM, VEU	919949 5234					
42.	I declare under oath that I have personally accomplished							
	complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized represe			FELY C. FALCONE				
	agree that any misrepresentation made in this docu	이번 경기 전경 회사를 보다면 하시고 하는 데 이름이 있었다면 하다 내용하는 때 그는 데 이번 모든 이 경기에 되었다면 했다.	4 00 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PHOTO				
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	PLEASE INDICATE ID Number and Date of Issuance							
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1	D/License/Passport No.: 0016908	nov)						
Н	eate/Place of Issuance: 12/27/2021 ORMOC CITY	Signature (Sign inside the to of 1/10/262 2 Date Accomplished	100,1	EVER-				
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Г	SUBSCRIBED AND SWORN to before me this, affiant exhibiting his/her validly issued government ID as indicated above.							
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		TTV TELLE						
		ATTY, RYSAN (L. GUINOCOR VSU Chief Legal Officer						
	and all the second of the seco	Person Administering Oa						
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