

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	GUINOCOR		
FIRST NAME	MERRY CHRIST'L		NAME EXTENSION (JR., SR)
MIDDLE NAME	SUPNET		
3. DATE OF BIRTH (mm/dd/yyyy)	12/26/1981	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: Philippines
4. PLACE OF BIRTH	Lapu-Lapu City, Cebu	If holder of dual citizenship, please indicate the details.	
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	Apartment 86 Kilbourne Drive House/Block/Lot No. Street Visayas State University Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	1.5m	ZIP CODE	6521
8. WEIGHT (kg)	45kg	18. PERMANENT ADDRESS	Apartment 86 Kilbourne Drive House/Block/Lot No. Street Visayas State University Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province
9. BLOOD TYPE	O+	ZIP CODE	6521
10. GSIS ID NO.	2004607881	19. TELEPHONE NO.	563-7419
11. PAG-IBIG ID NO.	N/A	20. MOBILE NO.	09566530545
12. PHILHEALTH NO.	120506380133	21. E-MAIL ADDRESS (if any)	merrychristlsupnetguinocor@yahoo.com
13. SSS NO.	0627412408		
14. TIN NO.	255-187-064-000		
15. AGENCY EMPLOYEE NO.	V00940		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Guinocor		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Rysan	NAME EXTENSION (JR., SR)	Zeke Rygan Supnet Guinocor	9/22/2012
MIDDLE NAME	Cayunda		Ziah Riona Supnet Guinocor	12/21/2014
OCCUPATION	Attorney IV			
EMPLOYER/BUSINESS NAME	Visayas State University			
BUSINESS ADDRESS	Baybay, Leyte			
TELEPHONE NO.	563-7643			
24. FATHER'S SURNAME	Supnet			
FIRST NAME	Isagani	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Salon			
25. MOTHER'S MAIDEN NAME				
SURNAME	Tumulak			
FIRST NAME	Ma. Edna			
MIDDLE NAME	Sandal			

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	Saint Alphonsus Catholic School	Primary Education	1988	1994	N/A	1994	with honors
SECONDARY	Saint Alphonsus Catholic School	High School	1994	1998	N/A	1998	with honors
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Velez College	Bachelor of Science in Medical Technology	1998	2002	N/A	2002	N/A
GRADUATE STUDIES	Cebu Institute of Medicine	Doctor of Medicine	2002	2006	N/A	2006	N/A

SIGNATURE		DATE
November 6, 2019		

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

November 6, 2019

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

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

(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			
	1ST Chong Hua Hospital Post Graduate Course in Hospital Infection Control	10-24-19	10-25-19	20		Chong Hua Hospital
	DOH Laboratory Networking (Orientation)	Sep-19		8.0		DOH region 8
	Philippine Pediatric Society Annual Convention	Apr-19				PPS
	Orientation on Shistosoma Infection	Mar-19		8.0		DOH & CHO Baybay City
	Philippine Pediatric Society Annual Convention		Apr-19			PPS
	Rheumatology Annual Convention	Aug-16				Chong Hua Hospital
	Intensive Training on Dengue	Jul-16				University of Malaya, Malaysia
	Management of Foodbourne / Waterbourne Illness	Jul-16				DOH region 7
	Intensive Training on Pediatric Pulmonology	Nov-15				Philippine General Hospital
	Chong Hua Hospital Department of Pediatrics Annual Convention	Oct-15				Chong Hua Hospital
	Gender and Development Training	Sep-15				LGU Iapu-Iapu City
	Gender and Development Training	Feb-15				LGU Iapu-Iapu City
	Philippine Pediatric Society Annual Convention	Apr-14				PPS

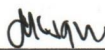
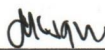
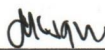









(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	N/A		N/A		Cebu Medical Society

(Continue on separate sheet if necessary)

SIGNATURE		DATE	november 6,2019
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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, 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 items: 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <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>Paciencia P. Milan, PhD</td><td>Barangay Guadalupe, Baybay, Leyte</td><td>N/A</td></tr><tr><td>Jose L. Bacusmo, PhD</td><td>OVPRE, Visayas State Univeristy</td><td>N/A</td></tr><tr><td>Lourdes B. Cano, PhD</td><td>Barangay San Isidro, Baybay, Leyte</td><td>N/A</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Paciencia P. Milan, PhD	Barangay Guadalupe, Baybay, Leyte	N/A	Jose L. Bacusmo, PhD	OVPRE, Visayas State Univeristy	N/A	Lourdes B. Cano, PhD	Barangay San Isidro, Baybay, Leyte	N/A
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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></tr><tr><td>Government Issued ID: Professional Regulations Commission</td></tr><tr><td>ID/License/Passport No.: 111828</td></tr><tr><td>Date/Place of Issuance: 9/7/2007</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: Professional Regulations Commission	ID/License/Passport No.: 111828	Date/Place of Issuance: 9/7/2007	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>November 6, 2019</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	November 6, 2019	Date Accomplished				
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SUBSCRIBED AND SWORN to before me this <u>14 NOV 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSAN P. GUINOCOR</td></tr><tr><td>VS LEGAL OFFICER</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN P. GUINOCOR	VS LEGAL OFFICER	Person Administering Oath								
													
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