CS Form No. 212 Revised 2017 **PERSONAL DATA SHEET** ODA 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. (Do not fill up. For CSC use only) Print legibly. Tick appropriate boxes (and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE. 1. CS ID No PERSONAL INFORMATION 2. SURNAME GUINOCOR NAME EXTENSION (JR., SR) FIRST NAME MERRY CHRIST'L MIDDLE NAME SUPNET 3. DATE OF BIRTH 12/26/1981 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/vvvv) ✓ by birth by naturalization 4. PLACE OF BIRTH Lapu-Lapu City, Cebu If holder of dual citizenship Pls. indicate country: please indicate the details 5. SEX ☐ Male ✓ Female Philippines Single ✓ Married 17. RESIDENTIAL ADDRESS **Apartment 86** Kilbourne Drive 6 CIVIL STATUS House/Block/Lot No. Street ☐ Widowed Separated Pangasugan Visayas State University Other/s: Subdivision Village Barangay Baybay Leyte 7. HEIGHT (m) 1.5m City/Municipality Province 8. WEIGHT (kg) 45kg ZIP CODE 6521 Apartment 86 18. PERMANENT ADDRESS Kilbourne Drive 9. BLOOD TYPE 0+ House/Block/Lot No. Street Visayas State University Pangasugan 10. GSIS ID NO 2004607881 Subdivision/Village Barangay Baybay Leyte 11. PAG-IBIG ID NO N/A City/Municipality Province 120506380133 12. PHILHEALTH NO. ZIP CODE 6521 13. SSS NO. 0627412408 19. TELEPHONE NO. 563-7419 14. TIN NO. 09566530545 255-187-064-000 20 MORILE NO 15. AGENCY EMPLOYEE NO V00940 21. E-MAIL ADDRESS (if any) merrychristlsupnetguinocor@yahoo.com FAMILY BACKGROUND 23. NAME of CHILDREN (Write full name and list all) 22. SPOUSE'S SURNAME DATE OF BIRTH (mm/dd/yyyy) Guinocor NAME EXTENSION (JR., SR) FIRST NAME Rysan 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 563-7643 TELEPHONE NO. 24 FATHER'S SURNAME Supnet NAME EXTENSION (JR., SR) FIRST NAME Isagani MIDDLE NAME Salon MOTHER'S MAIDEN NAME SURNAME Tumulak FIRST NAME Ma. Edna MIDDLE NAME Sandal (Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGRO	DUND						
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
			From	To	(ii not graduated)		RECEIVED
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 OF INC. OF THE PARTY AS	Velez College 9700	Bachelor of Science in Medical Technology	1998	2002	N/A	2002	N/A SIGN
GRADUATE STUDIES	Cebu Institute of Medicine	Doctor of Medicine	2002	2006	N/A	2006	N/A
	(Co	ntinue on separate sheet if necessary)					

MERCH

SIGNATURE

November 6,2019

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DATE

7. CAREE	SPECIAL LAWS/	(BOARD/ BAR) UNDER CES/ CSEE	RATING	DATE OF EXAMINATION /	PLACE OF EXAMINA	TION / CONFER	MENT	LICENSE (iPa	-
BAR	SPECIAL LAWS/ CES/ CSEE ARANGAY ELIGIBILITY / DRIVER'S LICENSE (If Applicable) EXAMINATION / CONFERMENT CONFERMENT		uri LIVT	NUMBER	Date of Validity				
	Physician Licensu	re Exam	9 T VI 17 ON 1200	1/8/2006	Ceb	Cebu City		111828	1/12/20
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INCLU	SIVE DATES	Application	nti shert devicely - em		ndicated in the attached		SALARY/ JOB/ PAY		GOVT
(mn	n/dd/yyyy) To	POSITION (Write in full/Do no		(VYTILE IN TUIT/DO NOT abbreviate) SALARY (Format *00-0*)/		applicable)& STEP (Format *00-0*)/ INCREMENT	STATUS OF APPOINTMENT	SERVIC (Y/N)	
1/8/2014	12/31/2016	Medical Of	ficer III	Lapu-Lapu City G	apu-Lapu City Governement Hospital 37,0		SG 22	Casual	Y
						-			
1/12/2010	present	Private Pedi	atrician		N/A	N/A	N/A	N/A	N
12/1/20017	1/12/2010	Chong Hua	Hospital	Pediatircs		20,000.00	N/A	N/A	N/A
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VI. VOLUNTARY WORK OR INVOLVEMENT	ÎN CIVIC / I GOVERNMENT	/PEOPLE/V	DLUNTARY	ORGANIZATI		
29. NAME & ADDRESS OF O (Write in full			/E DATES d/yyyy) To	NUMBER OF HOURS	encapa ed	POSITION / NATURE OF WORK
N/A	237	N/A	N/A	N/A	1 1 <u>6</u> -00	N/A
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VII. I FADAING AND DEVELORMENT (LADA		ontinue on separate	AND DESCRIPTION OF THE PERSON NAMED IN	γ)		
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and include)				ef/Executive/Manageria	l positions)	
	ared - I (ES, que dece	INCLUSIVE	DATES OF	a obta con a	Type of LD	abilition statement and the manner of
 TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full 		The state of the s	DANCE d/yyyy)	NUMBER OF HOURS	(Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)
Call ()	141 - 176 - 2 TV N	From	То		Technical/etc)	Steamous vapaesas.
1ST Chong Hua Hospital Post Graduate Cour	rse in Hospital Infection Contro	CHAIND TOUR	10-25-19	20	Aligned B. Leasury	Chong Hua Hospital
DOH Laboratory Networking (Orientation)	at entir 337 a	Sep-19	Vetta	8.0	آئے شاریفائے	DOH region 8
Philippine Pediatric Society Annual Convention	on	Apr-19	augga mega	401291 (00) LEGIS	120 10 - 1201	PPS
Orientation on Shistosoma Infection	otes ma adva	Mar-19		8.0		DOH & CHO Baybay City
Philippine Pediatric Society Annual Convention	on	Vence and read	Apr-19	s I sagsW (c): M	Var ABjir.	PPS in the second call of the region (1941).
Rheumatology Annual Convention	30	Aug-16	rb, 15war = 3	alen (CN88 AH	10005 to 1	Chong Hua Hospital
Intensive Training on Dengue	CIV F	Jul-16			16.0	University of Malaya, Malaysia
Management of Foodbourne / Waterbourne II	539	Jul-16				DOH region 7
Intensive Training on Pediatric Pulmonology	ि एक व्यक्तिक विकास का अल	Nov-15				Philippine General Hospital
Chong Hua Hospital Department of Pediatric	s Annual Convention	Oct-15				Chong Hua Hospital
Gender and Development Training	0.0168.01818.011	Sep-15				LGU lapu-lapu City
Gender and Development Training		Feb-15		rabuger insonate		LGU lapu-lapu City
Philippine Pediatric Society Annual Conventi	on UN BI	Apr-14				PPS
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VIII. OTHER INFORMATION	1					
31. SPECIAL SKILLS and HOBBIES	32. NO	ON-ACADEMIC DISTII (Writ	NCTIONS / RECO e in full)	OGNITION	one Commiss	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
N/A		NIA	1	MA TO THE PERSON NAMED IN COLUMN TO		Cebu Medical Society
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SIGNATURE				DA	TE	november 6,2019
		M				CS FORM 212 (Revised 2017), Page 3 of 4

34. Are you related by consanguinity or affinity to the spointing chief of bureau or office or to the person who has an imediate Bureau or Department where you will be apppointed, a. within the third degree?		YES V	0
b. within the fourth degree (for Local Government Unit - Ca	YES N		
AW	N/A A/W	If YES, give details:	
35. a. Have you ever been found guilty of any administrative of	☐ YES ☑ NO If YES, give details:		
b. Have you been criminally charged before any court?		YES If YES, give details: Date Filed:	NO
36. Have you ever been convicted of any crime or violation of a	any law deeree ordinance or regulation	Status of Case/s:	
by any court or tribunal?	any law, decree, ordinance or regulation	YES If YES, give details:	NO
37. Have you ever been separated from the service in any of the retirement, dropped from the rolls, dismissal, termination, e out (abolition) in the public or private sector?		YES If YES, give details:	NO
38. a. Have you ever been a candidate in a national or local ele	ection held within the last year (except	☐ YES □	/ NO
Barangay election)?		If YES, give details:	
 b. Have you resigned from the government service during telection to promote/actively campaign for a national or local 			
39. Have you acquired the status of an immigrant or permanen	9. Have you acquired the status of an immigrant or permanent resident of another country? 1. The status of an immigrant or permanent resident of another country? 1. The status of an immigrant or permanent resident of another country? 1. The status of an immigrant or permanent resident of another country? 1. The status of an immigrant or permanent resident of another country? 1. The status of an immigrant or permanent resident of another country? 1. The status of an immigrant or permanent resident of another country? 1. The status of an immigrant or permanent resident of another country? 1. The status of an immigrant or permanent resident of another country? 1. The status of a status		
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972)			
Are you a member of any indigenous group?		YES If YES, please specify:	✓ NO
b. Are you a person with disability?		YES [If YES, please specify ID N	V NO lo:
c. Are you a solo parent?	\$1.450 51.468	☐ YES [If YES, please specify ID N	V NO lo:
41. REFERENCES (Person not related by consanguinity or affinity to applicant	nt /appointee)		
NAME	ADDRESS	TEL. NO.	Fire ac P
Paciencia P. Milan, PhD	Barangay Guadalupe, Baybay, Leyte	N/A	The same of the sa
Jose L. Bacusmo, PhD	OVPRE, Visayas State Univeristy	N/A	
Lourdes B. Cano, PhD	Barangay San Isidro, Baybay, Leyte	N/A	
42. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertir Philippines. I authorize the agency head/authorized rep I agree that any misrepresentation made in this do administrative/criminal case/s against me.	nent laws, rules and regulations of the resentative to verify/validate the content	Republic of the stated herein.	РНОТО
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	Mugn		
ID/License/Passport No.: 111828	Signature (Sign inside the November 6,2019	box)	
Date/Place of Issuance: 9/7/2007	Date Accomplished		Right Thumbmark
SUBSCRIBED AND SWORN to before me this	4 NOV 2019 , affiant exhib	iting his/her validly issued gove	emment ID as indicated above.
	ATTY. RYSAND. GUINOCO		
1240			CS FORM 212 (Revised 2017), Page 4