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) PERSONAL INFORMATION 2. SURNAME BABILONIA FIRST NAME MARISSA MIDDLE NAME PETALLANA 3. DATE OF BIRTH 11/15/1958 16. CITIZENSHIP ✓ Filipino Dual Citizenship (mm/dd/yyyy) ✓ by birth by naturalization 4 PLACE OF BIRTH If holder of dual citizenship, CARIGARA LEYTE Pls. indicate country: please indicate the details ☐ Male **▼** Female 5. SEX * Single ✓ Married 17. RESIDENTIAL ADDRESS PUROK 4 6 CIVIL STATUS ■ Widowed ☐ Separated House/Block/Lot No. Street GABAS Other/s: Subdivision/Village Barangay 6521 RAYRAY LEYTE 7. HEIGHT (m) 1.5 City/Municipality Province 8. WEIGHT (kg) 55 ZIP CODE 18. PERMANENT ADDRESS PUROK 4 9. BLOOD TYPE A+ House/Block/Lot No. Street 10. GSIS ID NO. GARAS 58111502771 6521 Subdivision/Village Barangay BAYBAY LEYTE 11. PAG-IBIG ID NO 1700-0024-1283 City/Municipality 12. PHILHEALTH NO. 13-000014382-1 ZIP CODE 13. SSS NO. NA 19. TELEPHONE NO. NA 14. TIN NO. 116-626-295 20. MOBILE NO. 09368533441 15. AGENCY EMPLOYEE NO V-00063 21. E-MAIL ADDRESS (if anv) marissababilonia@yahoo.com. FAMILY BACKGROUNL SPOUSE'S SURNAME BABILONIA 23. NAME of CHILDREN (Write full name and list all) DATE OF BIRTH (mm/dd/yyyy) FREDERICK P. BABILONIA III FIRST NAME ROLANDO 8/23/1991 GUADA MARIE P. BABILONIA MIDDLE NAME DELA PEÑA 1/1/1994 MARRON P. BABILONIA OCCUPATION SELF EMPLOYED 12/12/1997 EMPLOYER/BUSINESS NAME VISAYAS STATE UNIVERSITY **BUSINESS ADDRESS** VISCA, BAYBAY, CITY TELEPHONE NO. NA 24. FATHER'S SURNAME **PETALLANA** FIRST NAME MAMERTO MIDDLE NAME BADIABLE 25. MOTHER'S MAIDEN NAME SURNAME CAÑEGA FIRST NAME JULIANA MIDDLE NAME SABANGAN (Continue on separate sheet if necessary) SCHOLARSHIP 26 HIGHEST LEVEL NAME OF SCHOOL PERIOD OF ATTENDANCE BASIC EDUCATION/DEGREE/COURSE YEAR LEVEL **ACADEMIC** UNITS EARNED (Write in full) (Write in full) GRADUATED HONORS (if not graduated) RECEIVED From To TAGAK ELEMENTARY SCHOOL ELEMENTARY RIMARY EDUCATION 1964 1970 NA 1970 NA SECONDARY CARIGARA SCHOOL OF FISHERIES HIGH SCHOOL 1970 1975 NA 1975 NA VOCATIONAL / NA NA TRADE COURSE NA NA NA NA COLLEGE ALANGALANG AGRO UNDUSTRIAL SCHOOL AGRICULTURAL TECHNICIAN'S COURSE 1975 1978 NA 1978 NA GRADUATE STUDIES NA NA NA NA NA NA SIGNATURE 02/18 DATE 10 CS FORM 212 (Revised 2017), Page 1 of 4

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2007年計画券の後		(Continue on sepa	rate sheet if ned	cessary)			
VII. LEARNING AND DEVELOPMENT (L		NING PROGRA	AMS ATTEN	DED			
(Start from the most recent L&D training program an	AND COLOR	INCLUSIVE	st five (5) years	for Division Chief.E		of positions)	
30. TITLE OF LEARNING AND DEVELOPMENT INT (Write in fu	ERVENTIONS/TRAINING PROGRAMS	ATTEN	DANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/	CONDUCTED/ SPONSORED BY (Write in full)	
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QUALITY ASSUARANCE AND COMPLIANCE Par		9/6/18	9/7/18	16	Participant	PHILIPPINE ALLIANCE OF LABORATOR EQUIPMENT USERS	
BEST PRACTICES AND CHALLENGES TOWARD LABORATORY MANAGEMENT GENDER SENSITIVITY TRAINING AND ANTI-SE:		9/29/2016	9/30/2016	16.0	PARTICIPANT	PHILIPPINE ALLIANCE OF LABORATORY EQUIPMENT USERS	
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MERCK SAFETY: IN MORE WAYS THAN ONE"		6/7/2013		8.0	PARTICIPANT	MERCK	
BEST PRACTICES FOR LABORATORY MANAGE		5/22/2013		4.0	PARTICIPANT	FAST LABORATORY, CEBU	
LACTIC ACID BACTERIA R and D FOR HEALTH		15/23/2012		8.0	PARTICIPANT	CENTER FOR CONTINUING EDUCATION	
PERSONALITY DEVELOPMENT SEMINAR AMON	G FRONTLINERS	9/21/2012	Billias (1 to 2	8.0	PARTICIPANT	ODAHRD	
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VIII. OTHER INFORMATION							
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34.	Are you related by consanguinity or affinity to the appointing 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?					
	b. within the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO ☐ YES ☑ NO				
	b. Within the local degree (for Local Government of its - care	If YES, give details:				
			11 120, give details.			
35.	a. Have you ever been found guilty of any administrative offe	ense?	YES NO			
00.		If YES, give details:				
			ii 120, givo dotano.			
	b. Have you been criminally charged before any court?		YES NO			
			If YES, give details:	Filed		
			Status of Ca	Filed:		
36.	Have you ever been convicted of any crime or violation of an	ny law decree ordinance or regulation by				
30.	any court or tribunal?					
			If YES, give details:			
	A CONTRACTOR OF THE CONTRACTOR	16 (6 (6))				
37.	Have you ever been separated from the service in any of the dropped from the rolls, dismissal, termination, end of term, find		YES V NO)		
	the public or private sector?	misried contract of phased out (aboution) in	If YES, give details:			
38.	a. Have you ever been a candidate in a national or local elec	ction held within the last year (except				
00.	Barangay election)?		☐ YES ☑ NO If YES, give details:			
	b How was assessed from the management are its during the	th (2)thth-th-thth		NO.		
	b. Have you resigned from the government service during the election to promote/actively campaign for a national or local		☐ YES ☑ NO If YES, give details:			
			II 1E3, give details.			
39.	Have you acquired the status of an immigrant or permanent	resident of another country?	☐ YES ☑			
			If YES, give details (coun	try):		
40	D	2 (2 11 12 2 2 2 2 2 2				
40.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magand (c) Solo Parents Welfare Act of 2000 (RA 8972), please					
a.	Are you a member of any indigenous group?	s answer the following items.				
	, no you a mornoor or any margorious group:		If YES, please specify:	NO		
b.	Are you a person with disability?		YES V	NO.		
			If YES, please specify ID No:			
C.	Are you a solo parent?		☐ YES ☑ NO			
		and the second second second second	If YES, please specify ID No	:		
41.	REFERENCES (Person not related by consanguinity or affinity to applicant	it /appointee)				
	NAME	ADDRESS	TEL. NO.			
	ANALYN M. MAZO	VSU, BAYBAY CITY	NA			
		VOO, BATBAT CITT	INA			
	BEATRIZ S. BELONIAS	VSU, BAYBAY, CITY	NA			
	SENONA A. CESAR	VSU, BAYBAY, CITY	NA			
42.	I declare under oath that I have personally accomplished the					
	I declare under oath that I have personally accomplished the statement pursuant to the provisions of pertinent laws, rules	and regulations of the Republic of the Phi	lippines Lauthorize	Mi		
	the agency head / authorized representative to verify	y/validate the contents stated herein	I agree that any	MARISSA F. BABILONIA		
	misrepresentation made in this document and its attachmagainst me.	nents shall cause the filing of administra	tive/criminal case/s	10		
	egalliot mo.					
	Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)					
F	PLEASE INDICATE ID Number and Date of Issuance	Mi		A STATE OF THE STA		
G	Government Issued ID: VISAYAS STATE UNIVERSITY	1000	1 1			
10	D/License/Passport No.: V00063					
	Date/Place of Issuance; VISCA, BAYBAY, CITY	(X)	The state of the s			
L	Date/Place of Issuance: VISCA, BAYBAY, CITY	Date Accomplished		Right Thumbmark		
NAME OF TAXABLE PARTY.	SUBSCRIBED AND SWORN to before me this	T 0 2 /0 18 affiant exhibiti				
	OUBSCRIBED AND SWORN to before me this	1 U Z Z U 10 , affiant exhibiti	ng his/her validly issued governm	ment ID as indicated above.		
		// gui				
		ATTY. RYSAN C. GUINOCOR	?			
		VSULEGAL OF FICE P Person Administering Oath				
	Total Control					