CS Form No. 212								
Revised 2017	PERSO	NAL DAT	A SH	EE.	Г			
	tion made in the Personal Data Sheet and the	e Work Experience Sheet she	all cause the fil	ing of adm	inistrative/c	riminal case/s ag	ainst the per	son
	TO FILLING OUT THE PERSONAL DATA SHE							
Print legibly. Tick appropriate boxes I. PERSONAL INFORMATIO	(and use separate sheet if necessary. Indicate N	I/A if not applicable. DO NOT AB	BREVIATE.		1. CS ID No.		(Do not fill up	For CSC use only)
	1							
2. SURNAME	ESTOR					NAME EXTENSION (JR.	CPI	
FIRST NAME	LOVELY MAE	j		NAME EXTENSION (IN., SK)				
MIDDLE NAME	JABINES	Note the second of the second						
3. DATE OF BIRTH (mm/dd/yyyy)	11/6/1997	16. CITIZENSHIP			Dual Citizenship			
4. PLACE OF BIRTH	BAYBAY CITY, LEYTE	If holder of dual citize	izenship,					
5. SEX	☐ Male	please indicate the d	etails.	Philippines				•
6 CIVIL STATUS	✓ Single Married ✓ Widowed Separated Other/s: Other/s:	17. RESIDENTIAL ADDRESS						
7. HEIGHT (m)	1.51			ZONE 23,		30 D	E DECIEMBRE S	01.,
8. WEIGHT (kg)	50	ZIP CODE	BA	AYBAY CITY,		6521	LEYTE	
9. BLOOD TYPE	0+	18. PERMANENT ADDRESS						
10. GSIS ID NO.	2005462306	NULTURAL SATAM		7045 00				_
11. PAG-IBIG ID NO.	12123492541	V 1000 13 to 31 to Gar Side of Page 19		ZONE 23,		30 DE DECIEMBRE ST.,		
12. PHILHEALTH NO.	132503710009	ZIP CODE	BAYBAY CITY,		LEYTE 6521			
13. SSS NO.	N/A	19. TELEPHONE NO.			N/A			
14. TIN NO.	350970027	350970027 20. MOBILE NO:		0906-963-6752				
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	estorlovelymae@gmail.com					
II. FAMILY BACKGROUND								
22. SPOUSE'S SURNAME	N/A		23. NAME of CHII	LDREN (Write	e full name and	list all)	DATE OF BIF	RTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A		N/A		N/A	
MIDDLE NAME	N/A							
OCCUPATION	N/A							Charles and the charles are th
EMPLOYER/BUSINESS NAME	N/A							
BUSINESS ADDRESS	N/A							
TELEPHONE NO.	N/A							
24. FATHER'S SURNAME	ESTOR	Three partitions on the series						
FIRST NAME	FRANCISCO	NAME EXTENSION (JR., SR) N/A						
MIDDLE NAME	MARUMAS							
25. MOTHER'S MAIDEN NAME								
SURNAME	JABINES							1
FIRST NAME	VIRGINIA							
MIDDLE NAME III. EDUCATIONAL BACKG	GUCELA			· · · · · · · · · · · · · · · · · · ·	Continue on se	parate sheet if nece	ssary)	The second second
						HIGHEST LEVEL		SCHOLARSHIP!
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	From	To To	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS RECEIVED
ELEMENTARY	BAYBAY I CENTRAL SCHOOL	PRIMARY EDUCAT	ION	2004	2010		2010	WITH HONORS
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL		2010	2014		2014	1st HONORABLE
VOCATIONAL / TRADE COURSE	N/A							
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SECONDARY E		2014	2018		2018	MAGNA CUM LAUDE
GRADUATE STUDIES	CEBU NORMAL UNIVERSITY	MASTER OF SCIENCE in M.	ATHEMATICS	2019	Present			
SIGNATURE		(Continue on separate sheet if ne	cessary)				00/00/07	and the second
SIGNATURE	1 17.	20		, DA	ATE		03/09/2021 S FORM 212 (Revi	sed 2017), Page 1 of 4

CAREE		(BOARD/BAR) UNDER	RATING	DATE OF	DI ACE OF EVANS	TION LOONER	OMENT	LICENSE (if ap	
BAR	SPECIAL LAWS/ ANGAY ELIGIBILITY /		(If Applicable)	EXAMINATION / CONFERMENT	PLACE OF EXAMINA	TION / CONFER	MENI	NUMBER	Date o
HOM	IOR GRADUATE	ELIGIBILITY		N/A	N/A			N/A	N/A
LICENS	SED PROFESSION	NAL TEACHER	88.8	8/30/2018	TACLOBAN CITY			1706059	1/7/201
							Apr 1-7-		
	XPERIENCE	Of and forms smaller are and		ntinue on separate sheet if		Work Evans	iana abas		
	SIVE DATES	Start from your recent	work) Description	or duties sribula be il	ndicated in the attached	WOIN EXPE	SALARY/ JOB/ PAY		0015
	n/dd/yyyy) To	POSITION T (Write in full/Do not			DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'SERVIC
8/01/2018	03/28/2021	SUBSTITUTE INS	TRUCTOR I	VISAYAS ST	ATE UNIVERSITY	24,000	SG 12	CONTRACTUAL	Y
3/01/2021	PRESENT	INSTRUCT	ORI	VISAYAS ST	ATE UNIVERSITY	24, 000	SG 12	TEMPORARY REGULAR	Υ
						524			
		r propres				447			
					167				
					1.7		-		
							9		
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7 1	1 - 7		327	ar card. Some	1 70	40 - 60	173.34		
					The District		100 100 100		
							The same of the sa	The second second	

VI. VOLUNTARY WORK OR INVOLVEMENT IN	CIVIC / NON-GOVERNMENT / PEOPLE	VOLUNTAR	Y ORGANIZA	TION/S			
29. NAME & ADDRESS OF ORGANIZATION	(Write in	Established to the second		NUMBER OF HOURS	POSITION / NATURE OF WORK		
full				NOMBER OF HOORS			
N/A		N/A	N/A	N/A	denre, e	N/A	
	at or had carried						
	7.9.15		50	Tyle de	rice of hea		
	volta, Prof						
	1 8 28 Y.J.			Day	ga medig		
		o sogerica.	99 345 ME	LAU TOIS			
VII. LEARNING AND DEVELOPMENT (L&D) IN		on separate sheet	if necessary)				
(Start from the most recent L&D/training program and include			sion Chief/Executi	ve/Managerial posi	tions)		
). TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS		ATTEN	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		Type of LD (Managerial/	CONDUCTED/ SPONSORED BY	
(Write i	n run)	From	td/yyyy)	NUMBER OF HOURS	Supervisory/ Technical/etc)	(Write in full)	
Lambert W Function and Riemann Surfaces	- 100 pro 8 ft .	10/21/2019	10/23/2019	24.0	Research	Cebu Normal University	
2019 Summer Upgrading Program for Mathemati	cs Teachers	05/30/2019	06/01/2019	24.0	Instruction	Mathematics Society of the Philippines	
2019 MTAP-TL Summer Lecture on MMW		05/18/2019	05/18/2019	8.0	Instruction	Mathematics Teachers Association of the Philippines - Tertiary Level	
2018 International Convention of the Mathematics Tertiary Level	s Teachers Association of the Philippines-	07/25/2018	07/27/2018	24.0	Instruction	Mathematics Teachers Association of the Philippines - Tertiary Level	
	- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	July Kalasa	7	well of		Finisphiles - Tetuary Level	
	Lems.	ravoto) o s	SWEETS BEETS	1,019£ A3	Curth	etar manifectula, resultiti	
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					· /	Commence of the stage of the st	
18.1	(Continue	on separate sheet	if necessary)				
VIII. OTHER INFORMATION				Section 2			
31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full) 33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)						
N/A	The state of the s	N/A					
		V. A.	own harman wer Personal				
		1/1/1					
	Wilder will provide the control of t						
	(Continue	on separate sheet	if necessary)	2000000			
SIGNATURE	XP-	7 - 110		Di	ATE	03/09/2021	
						CS FORM 212 (Revised 2017), Page 3 o	

34. Are you related by consanguinity or affinity to the appoint chief of bureau or office or to the person who has immed Bureau or Department where you will be appointed,						
a. within the third degree?	YES V	n				
b. within the fourth degree (for Local Government Unit - 0	YES V					
	If YES, give details:					
35. a. Have you ever been found guilty of any administrative	offense?	☐ YES ☑ N	0			
		If YES, give details:				
		-				
b. Have you been criminally charged before any court?		☐ YES ☑ N	NO			
		If YES, give details: Date Filed:				
		Status of Case/s:				
36. Have you ever been convicted of any crime or violation o	f any law, decree, ordinance or regulation by	☐ YES ☑	NO			
any court or tribunal?		If YES, give details:				
37. Have you ever been separated from the service in any of			NO			
retirement, dropped from the rolls, dismissal, termination, (abolition) in the public or private sector?	end of term, finished contract or phased out	If YES, give details:				
38. a. Have you ever been a candidate in a national or local	election held within the last year (except	☐ YES 🔽	NO			
Barangay election)?	teroten i maine	If YES, give details:				
b. Have you resigned from the government service durin	g the three (3)-month period before the last	☐ YES ☑ NO				
election to promote/actively campaign for a national or lo	If YES, give details:					
39. Have you acquired the status of an immigrant or perman	39. Have you acquired the status of an immigrant or permanent resident of another country?					
Heid to traffic participation of the control of the		If YES, give details (country):				
40. 5						
 Pursuant to: (a) Indigenous People's Act (RA 8371); (b) 7277); and (c) Solo Parents Welfare Act of 2000 (RA 89) 						
a. Are you a member of any indigenous group?		YES F	Z NO			
		If YES, please specify:				
b. Are you a person with disability?		☐ YES ☑ NO If YES, please specify ID No:				
c. Are you a solo parent?		YES NO				
		If YES, please specify ID N				
41. REFERENCES (Person not related by consanguinity or affinity to applic	ant /appointee)					
NAME	ADDRESS	TEL. NO.				
MR. RAYMUND IGCASAMA	VISAYAS STATE UNIVERSITY	9985663919	100			
DR. EUSEBIO LINA	VISAYAS STATE UNIVERSITY	9293697060				
PROF. MA. RACHEL KIM L. AURE	VISAYAS STATE UNIVERSITY					
42. I declare under oath that I have personally accomplis	hed this Personal Data Sheet which is a t	rue, correct and				
complete statement pursuant to the provisions of pe	rtinent laws, rules and regulations of the	Republic of the	LOVELY MAE J. ESTOR			
Philippines. I authorize the agency head/authorized repr agree that any misrepresentation made in this d			РНОТО			
administrative/criminal case/s against me.	oddinone and no decommonic onen odde	o the filling of	111010			
Community and ID						
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance						
Government Issued ID: PHILHEALTH	XII.					
ID/License/Passport No.: 132503710009	Signature (Sign inside the b	ovl				
Date/Place of Issuance: 10/15/2018 Bsybsy City, Leyte		WHIQU:				
	Date Accomplished		Right Thumbmark			
SUBSCRIBED AND SWORN to before me this	MAR~2021 , affiant exhibiti	ng his/her validly issued govern	nment ID as indicated above.			
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	ATTY, RYSAN, GUINOCOR					
	Person Administering Oa	h				
properties and the second seco						