

PERSONAL DATA SHEET

Print legibly. Mark appropriate boxes ☐ with * ☒ and use separate sheet if necessary.

1. CS ID No.

(to be filled up by CSC)

I. PERSONAL INFORMATION

2. SURNAME	YU	16. RESIDENTIAL ADDRESS	Apex to V&V company Bogby City
FIRST NAME	ELWIN JAY	ZIP CODE	6521-A
MIDDLE NAME	VILLILIEGLAS	3. NAME EXTENSION (e.g. Jr., Sr.)	
4. DATE OF BIRTH (mm/dd/yyyy)	07/14/1978	17. TELEPHONE NO.	563 9992 / 0935 7882/92
5. PLACE OF BIRTH	TACLOBAN CITY	18. PERMANENT ADDRESS	Binongan, Alangalang, Leyte
6. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	ZIP CODE	6517
7. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Others, specify _____	19. TELEPHONE NO.	0935 7882/92
8. CITIZENSHIP	Filipino	20. E-MAIL ADDRESS (if any)	docelwin@gmail.com
9. HEIGHT (m)	1.72 meter	21. CELLPHONE NO. (if any)	0935 882/92
10. WEIGHT (kg)	87 kg	22. AGENCY EMPLOYEE NO.	000554
11. BLOOD TYPE	A "+"	23. TIN	929 203 999
12. GSIS ID NO.	UP 75071401146		
13. PAG-IBIG ID NO.	913232024957		
14. PHILHEALTH NO.	302 50403608		
15. SSS NO.			

II. FAMILY BACKGROUND

24. SPOUSE'S SURNAME	25. NAME OF CHILD (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		/ /
MIDDLE NAME		/ /
OCCUPATION		/ /
EMPLOYER/BUS. NAME		/ /
BUSINESS ADDRESS		/ /
TELEPHONE NO.		/ /
(Continue on separate sheet if necessary)		
26. FATHER'S SURNAME		/ /
FIRST NAME		/ /
MIDDLE NAME		/ /
27. MOTHER'S MAIDEN NAME		/ /
SURNAME		/ /
FIRST NAME		/ /
MIDDLE NAME		/ /
(Continue on separate sheet if necessary)		

III. EDUCATIONAL BACKGROUND

28. LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	YEAR GRADUATED (if graduated)	HIGHEST GRADE/ LEVEL/ UNITS EARNED (if not graduated)	INCLUSIVE DATES OF ATTENDANCE		SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
					From	To	
ELEMENTARY	TUCDAO, ELEMENTARY SCHOOL	Graduate	1988	Validated	June 1982	3-1988	
SECONDARY	LEYTE NATIONAL HIGH SCHOOL	Graduate	1992	none	June 1988	3-1992	
VOCATIONAL / TRADE COURSE							
COLLEGE	UP Visayas College of Tacloban	BS Biology	1997	me	June 1992	April 1997	
GRADUATE STUDIES	Renedios Trinidad Romallo Medical Foundation	Doctor of Medicine	2001	none	June 1997	April 2001	

(Continue on separate sheet if necessary)

29.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE	RATING	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable),	
					NUMBER	DATE OF RELEASE
	Natural licensure Exam for Physicians		August 2001	manila	980W	8/30/01

V. WORK EXPERIENCE (Include private employment. Start from your current work)

[illegible]

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE'S VOLUNTARY ORGANIZATION/S

31.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	Philippine Medical Association	2001	present		Professional organization
	Tau Omega Mu	1992	present		Fraternity
	Bayer Crystal Line Club	2010	present		Social-Civil Organization
		/ /	/ /		
		/ /	/ /		

(Continue on separate sheet if necessary)

VII. TRAINING PROGRAMS (Start from the most recent training.)

32.	TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSES (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)
		From	To		
	Training Program on Basic Occupational Safety & Health	1/24/12	1/27/12	40	POLE abn
	Training, Quality Assurance of Govt & Private Hospital	4/15/08	4/17/08	16	DOH Region 8
	Executive Course in Hospital Administration	5/25/09	5/26/09	40	UP Manila, CPH
	Short Course in Hospital Infection Management (Medical Records Management)	6/2/08	6/6/08	40	UP Manila, CPH
	Training Course on International Classification of Disease Version 10 (ICD-10) for Coders	3/12/07	3/16/07	40	DOH at UP Diliman
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		
		/ /	/ /		

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

33.	SPECIAL SKILLS / HOBBIES:	34.	NON-ACADEMIC DISTINCTIONS / RECOGNITION: (Write in full)	35.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	cooking		NA		Philippine Medical Association
					Tau Omega Mu Fraternity
					Bayer Crystal Line Club

(Continue on separate sheet if necessary)

36. Are you related by consanguinity or affinity ☐ of the following :

a. Within the third degree (for National Government Employees):
appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed?

☐ YES ☒ NO
If YES, give details: _____

b. Within the fourth degree (for Local Government Employees):
appointing authority or recommending authority where you will be appointed?

☐ YES ☒ NO
If YES, give details: _____

37 a. Have you ever been formally charged?

☐ YES ☒ NO
If YES, give details: _____

b. Have you ever been guilty of any administrative offense?

☐ YES ☒ NO
If YES, give details: _____

38. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

☐ YES ☒ NO
If YES, give details: _____

39. 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, AWOL or phased out, in the public or private sector?

☒ YES ☐ NO
If YES, give details: Resignation for EVAMC

40. Have you ever been a candidate in a national or local election (except Barangay election)?

☐ YES ☒ NO
If YES, give details: _____

41. 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?

☐ YES ☒ NO
If YES, please specify: _____

b. Are you differently abled?

☐ YES ☒ NO
If YES, please specify: _____

c. Are you a solo parent?

☐ YES ☒ NO
If YES, please specify: _____

42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)

NAME	ADDRESS	TEL. NO.
Lourdes B. Cana	VSV	
Edgardo E. Talin	VSV	



PHOTO

43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines.

I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential.

4427815
COMMUNITY TAX CERTIFICATE NO.

Bangkay, City, Legazpi
ISSUED AT

April 16, 2015
ISSUED ON (mm/dd/yyyy)

[Signature]
SIGNATURE (Sign inside the box)

9/17/15
DATE ACCOMPLISHED



RIGHT THUMBMARK