

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	BAGOT		
FIRST NAME	MELVIN	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	AYES		
3. DATE OF BIRTH (mm/dd/yyyy)	05/13/1985	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:
4. PLACE OF BIRTH	Monkayo, ComVal Prov.(Davao del Norte)	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Zone 1 Guadalupe N/A House/Block/Lot No. Street N/A N/A Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	161	ZIP CODE	6521
8. WEIGHT (kg)	70		
9. BLOOD TYPE	O'	18. PERMANENT ADDRESS	Zone 1 Guadalupe N/A House/Block/Lot No. Street N/A N/A Subdivision/Village Barangay Baybay Leyte City/Municipality Province
10. GSIS ID NO.	CRN # 021 1365 1704 2	ZIP CODE	6521
11. PAG-IBIG ID NO.	914070043808		
12. PHILHEALTH NO.	1602-5386-1999		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	270-144-903	20. MOBILE NO.	+639190611637
15. AGENCY EMPLOYEE NO.	V000828	21. E-MAIL ADDRESS (if any)	melvin.bagot@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	Bagot			
FIRST NAME	Samuel	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	Espanto			
25. MOTHER'S MAIDEN NAME				
SURNAME	Ayes			
FIRST NAME	Alma			
MIDDLE NAME	Lubog			

(Continue on separate sheet if necessary)

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	Alpha Christian School	Elementary Certificate	1995	1997	Graduated	1997	N/A
SECONDARY	Trento National High School	High School Diploma	1999	2002	Graduated	2002	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Visayas State University	Doctor of Veterinary Medicine	2002	2008	Graduated	2008	N/A
GRADUATE STUDIES	University of Antwerp	Master in Comparative Vertebrate Morphology	2015	2017	Magna Cumlaude	2017	ERASMUS+

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 06, 2020
-----------	---	------	---------------

#### IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

*(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 06, 2020
-----------	---	------	---------------

[illegible]

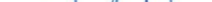
VII. LEARNING AND DEVELOPMENT (L&amp;D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

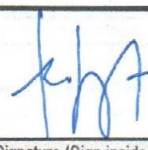
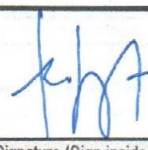
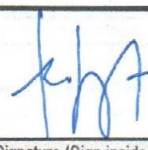






INCLUSIVE DATES OF		Type of D	

[illegible]

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. <b>NON-ACADEMIC ACHIEVEMENTS</b> (Write in full)	33. <b>MEMBERSHIP IN ORGANIZATIONS</b> (Write in full)
Organizing/ Planning	2018 Best Paper Award in Socio-Economics by the Philippine Society of Animal Science- National Chapter	Philippine Veterinary Medicine Association
Singing		Philippine Society of Animal Science
Photography		

SIGNATURE		DATE	JULY 06, 2020
-----------	---	------	---------------

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ Resignation												
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><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>Shiela R. Rabe</td><td>Baybay City</td><td>9558632249</td></tr><tr><td>Eugene B. Lanada</td><td>Baybay City</td><td>9176341472</td></tr><tr><td>Lotis M. Balala</td><td>Baybay City</td><td>9359680818</td></tr></table>		NAME	ADDRESS	TEL. NO.	Shiela R. Rabe	Baybay City	9558632249	Eugene B. Lanada	Baybay City	9176341472	Lotis M. Balala	Baybay City	9359680818
NAME	ADDRESS	TEL. NO.											
Shiela R. Rabe	Baybay City	9558632249											
Eugene B. Lanada	Baybay City	9176341472											
Lotis M. Balala	Baybay City	9359680818											
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: University ID No. V000828</td></tr><tr><td>ID/License/Passport No.: Drv Lic H12-19-000698</td></tr><tr><td>Date/Place of Issuance: Baybay City, Leyte</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: University ID No. V000828	ID/License/Passport No.: Drv Lic H12-19-000698	Date/Place of Issuance: Baybay City, Leyte	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>July 06 2020</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	July 06 2020	Date Accomplished				
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance													
Government Issued ID: University ID No. V000828													
ID/License/Passport No.: Drv Lic H12-19-000698													
Date/Place of Issuance: Baybay City, Leyte													
													
Signature (Sign inside the box)													
July 06 2020													
Date Accomplished													
<table><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>			Right Thumbmark										
													
Right Thumbmark													
SUBSCRIBED AND SWORN to before me this <u>07 JUL 2020</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. <b>BYRAN C. GUINOCOR</b></td></tr><tr><td>SOLLEGA OFFICER</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. <b>BYRAN C. GUINOCOR</b>	SOLLEGA OFFICER	Person Administering Oath								
													
ATTY. <b>BYRAN C. GUINOCOR</b>													
SOLLEGA OFFICER													
Person Administering Oath													