

CS Form No. 212
Revised 2017

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
DAGANTA

FIRST NAME
RENATO

MIDDLE NAME
ACABO

NAME EXTENSION (JR., SR)
JR

3. DATE OF BIRTH
(mm/dd/yyyy)
07/03/1996

4. PLACE OF BIRTH
BORONGAN CITY

5. SEX
☒ Male ☐ Female

6 CIVIL STATUS
☒ Single ☐ Married
☐ Widowed ☐ Separated
☐ Other/s:

7. HEIGHT (m)
1.76

8. WEIGHT (kg)
78

9. BLOOD TYPE
A+

10. GSIS ID NO.
2006190368

11. PAG-IBIG ID NO.
121238681013

12. PHILHEALTH NO.
13-025484348-3

13. SSS NO.
35-0772263-9

14. TIN NO.
422-574-959-000

15. AGENCY EMPLOYEE NO.
N/A

16. CITIZENSHIP
☒ Filipino ☐ Dual Citizenship
☐ by birth ☐ by naturalization
Pls. indicate country:
▼

If holder of dual citizenship,
please indicate the details.

17. RESIDENTIAL ADDRESS
N/A
House/Block/Lot No. N/A Street N/A
N/A SABANG SOUTH
Subdivision/Village Barangay
BORONGAN EASTERN SAMAR
City/Municipality Province
6800

18. PERMANENT ADDRESS
N/A
House/Block/Lot No. N/A Street N/A
N/A SABANG SOUTH
Subdivision/Village Barangay
BORONGAN EASTERN SAMAR
City/Municipality Province
6800

19. TELEPHONE NO.
N/A

20. MOBILE NO.
09058396312

21. E-MAIL ADDRESS (if
renato.daganta@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME
N/A

FIRST NAME
N/A

MIDDLE NAME
N/A

OCCUPATION
N/A

EMPLOYER/BUSINESS NAME
N/A

BUSINESS ADDRESS
N/A

TELEPHONE NO.
N/A

23. NAME of CHILDREN (Write full name and list all)
N/A

DATE OF BIRTH
(mm/dd/yyyy)
N/A

24.ATHER'S SURNAME
DAGANTA

FIRST NAME
RENATO

MIDDLE NAME
LABUTAP

NAME EXTENSION (JR., SR)
SR

N/A

N/A

25. MOTHER'S MAIDEN NAME
CUANAN

SURNAME
ACABO

FIRST NAME
MA. FLOR

MIDDLE NAME
CUANAN

N/A

N/A

N/A

(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

YEAR
GRADUAT
ED

SCHOLARSHIP/
ACADEMIC
HONORS
RECEIVED

From

To

ELEMENTARY

SABANG SOUTH ELEMENTART
SCHOOL

PRIMARY EDUCATION

2003

2008

N/A

2008

6th Honor

SECONDARY

EASTERN SAMAR NATIONAL
COMPREHENSIVE HIGH SCHOOL

HIGH SCHOOL

2008

2012

N/A

2012

4th Honor

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

2012

2019

N/A

2019

N/A

GRADUATE STUDIES

N/A

N/A

N/A

N/A

N/A

N/A

N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

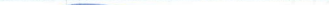
July 26, 2023

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[illegible]

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

[illegible]

SIGNATURE		DATE	July 26, 2023
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[illegible]

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

[illegible]

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ ORGANIZATION (WRITE IN FULL)
	COMPUTER LITERATE				PHILIPPINE VETERINARY MEDICAL ASSOCIATION
	GREAT COMMUNIAION SKILLS				
	LABORATORY, PRACTICAL, MEDICAL AND SURGICAL SKILLS				

SIGNATURE		DATE	July 26, 2023
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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
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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Date Filed: _____
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
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 <i>resignation</i>
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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL NO.
MA. DELIA A. PAGENTE	BAYBAY CITY, LEYTE	9058396312
DR. DIANE B. CUANAN	UBAY BOHOL	9661667485
DR. ABBY PALERMO	MAASIN CITY	9055243050
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.		



Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	PRC
ID/License/Passport No.:	0010348
Date/Place of Issuance:	9/9/2019, ORMOC CITY

Signature (Sign inside the box)
07/26/2023
Date Accomplished



SUBSCRIBED AND SWORN to before me this <u>18 SEP 2023</u> , affiant exhibiting his/her validly issued government ID as indicated above.	
<div>ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer Person Administering Oath</div>	