## CS Form No. 212

10. GSIS ID NO.

13. SSS NO.

14. TIN NO.

11. PAG-IBIG ID NO.

12. PHILHEALTH NO.

## 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 ( und use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATI I. CS ID No (Do not fill up. For CSC use only) 2. SURNAME DAGANTA NAME EXTENSION (JR. SR) JR FIRST NAME RENATO ACABO MIDDLE NAME 3. DATE OF BIRTH 07/03/1996 16. CITIZENSHIP ☑ Filipino Dual Citizenship (mm/dd/yyyy) ☐ by birth ☐ by naturalization 4 PLACE OF BIRTH BORONGAN CITY Pls. indicate country: If holder of dual citizenship, please indicate the details. 5. SEX ☑ Male □ Female ☑ Single ☐ Married 17. RESIDENTIAL ADDRI N/A N/A 6 CIVIL STATUS House/Block/Lot No Street □ Widowed □ Separated N/A SABANG SOUTH ☐ Other/s: Subdivision/Village Barangay BORONGAN EASTERN SAMAR 7. HEIGHT (m) 1.76 City/Municipality Province 8. WEIGHT (kg) 78 ZIP CODE 6800 18. PERMANENT ADDRE N/A N/A 9. BLOOD TYPE A+ House/Block/Lot No. Street

ZIP CODE

19. TELEPHONE NO.

20. MOBILE NO.

N/A

Subdivision/Village

City/Municipality

BORONGAN

6800

N/A

09058396312

15. AGENCY EMPLOYEE NO. N/A 21. E-MAIL ADDRESS (if renato.daganta@vsu.edu.ph DATE OF BIRTH 23. NAME of CHILDREN (Write full name and list 22. SPOUSE'S SURNAME N/A (mm/dd/vvvv) NAME EXTENSION (JR., N/A FIRST NAME N/A N/A N/A MIDDLE NAME N/A N/A N/A OCCUPATION N/A N/A N/A EMPLOYER/BUSINESS NA N/A N/A N/A **BUSINESS ADDRESS** N/A N/A N/A TELEPHONE NO. N/A N/A N/A 24.ATHER'S SURNAME DAGANTA N/A NAME EXTENSION (JR., SR) N/A FIRST NAME RENATO N/A N/A MIDDLE NAME LABUTAP N/A N/A 25. MOTHER'S MAIDEN NAM CHANAN N/A N/A SURNAME ACABO N/A N/A MA. FLOR FIRST NAME N/A MIDDLE NAME CUANAN (Continue on separate sheet if necessary)

HIGHEST SCHOLARSHIP PERIOD OF YEAR 26. ACADEMIC NAME OF SCHOOL LEVEL/ LEVEL EDUCATION/DEGREE/COURSE ATTENDANCE GRADUAT (Write in full) HONORS UNITS (Write in full) ED EARNED RECEIVED From To SABANG SOUTH ELEMENTART ELEMENTARY PRIMARY EDUCATION 2003 2008 N/A 2008 6th Honor SCHOOL EASTERN SAMAR NATIONAL SECONDARY HIGH SCHOOL 2008 2012 N/A 2012 4th Honor COMPREHENSIVE HIGH SCHOOL VOCATIONAL / N/A N/A N/A N/A N/A N/A TRADE COURSE DOCTOR OF VETERINARY VISAYAS STATE UNIVERSITY COLLEGE 2012 2019 2019 N/A N/A MEDICINE GRADUATE STUDIES N/A N/A N/A NA N/A N/A N/A

DATE

SIGNATURE

2006190368

121238681013

13-025484348-3

35-0772263-9

422-574-959-000

July 26, 2023

SABANG SOUTH

Barangay EASTERN SAMAR

Province

IV. CIVIL	SERVICE EL	IGIBILITY						6 3	7
UN	DER SPECIAL LA	1080 (BOARD/ BAR) AWS/ CES/ CSEE 7 / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			LICENSE (if ap	Date of Validity
VETERINARY MEDICAL LICENSURE EXAMINATION			77.1	AUG 14, 15, 16	MAN	ILA		0010348	03/07/2025
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F-1						in the Street or	CV		
	CITE OF THE							7 Y 1 -	
	EXPERIENC			Continue on separate sh					
28. INCLU	SIVE DATES				should be indicated in the		SALARY/ JOB/ PAY GRADE (if		GOVT
	(mm/dd/yyyy) POSITION (Write in full/Do n		t abbreviate)	COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	applicable)& STEP (Format "00-0")/	STATUS OF APPOINTMENT	SERVICE (Y/N)
20/05/2021			RIAN	PETCENTRAL ANIMAL CLINIC AND PETSHOP		30000.00	INCREMENT N/A	CONTRACTUAL	NO
16/01/2021	06/04/2021	VETERINA	RIAN	DR. JAZMIN	IE VETERINARY LINIC	20000.00	N/A	CONTRACTUAL	NO
05/01/2020	15/01/2021	VETERINA	RIAN	SOUHTHERN VETERINARY DOCTORS		20000.00	N/A	CONTRACTUAL	NO
25/08/2019	31/12/2019	VETERINA	RIAN	FERNANDEZ V	ETERINARY CLINIC	20000.00	N/A	CONTRACTUAL	NO
						REPORT OF			
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	9 19	1 5105		Continue on separate si	heet if necessary)			1	1
SIGN	ATURE				DATE			July 26, 2023	3
							CS	FORM 212 (Revised 20	017), Page 2 of

NAME & ADDRESS OF ORGANIZA (Write in full)	ATION	INCLUSIV (mm/dd		NUMBER OF HOURS		POSITION / NATURE OF WORK		
	From	То	HOURS		Services troubled and and assistant			
N/A		10		The state of	Hasens' bu	ntegra en a poblig ar d'est pasgrad atroit en médic		
N/A	-				;			
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N/A						i		
N/A	and the second of the second of				1	entre de la Santa I alla dinas		
N/A								
N/A	21017 - 125							
LEARNING AND DEVELOPMENT (L&D) IN	TERVENTION			<mark>sheet if necessar</mark> TENDED	<b>(v</b>			
t from the most recent L&D/training program ar	nd include only			for the last five	(5) years for Divis	ion Chief/Executive/Managerial positions)		
TITLE OF LEARNING AND DEVELO INTERVENTIONS/TRAINING PROC (Write in full)		I ALIENIJANIE		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	Out of the second beautiful and the second s		
ON THE JOB TRAINING/FIELD EXPE	RIENCE	14/02/2018	15/03/2018	168.0	N/A	SANTICAN FARMS AND STABLES CEBU		
ON THE JOB TRAINING/FIELD EXPE	RIENCE	01/01/2018	01/02/2018	178.0	N/A	CEBU SAFARI		
ON THE JOB TRAINING/FIELD EXPE	01/04/2018	01/05/2018	168.0	N/A	CATS N DOGS DUMAGEUTE CITY			
ON THE JOB TRAINING/FIELD EXPE	01/02/2017	01/03/2017	168.0	N/A	DEPARTMENT OF VETERINARY MEDICINE A FISHIRIES			
ON THE JOB TRAINING/FIELD EXPE	RIENCE	32/2017	05/04/2017	168.0	N/A	UBAY STOCK FARM BOHOL		
FIELD PRACTICUM	13/04/2016	19/05/2016	200.0	N/A	BROILER FARM, PAMPANGA CITY			
FIELD PRACTICUM		21/05/2016	01/06/2016	200.0	N/A	DELAPAZ AGRI FARMS, PASIG CITY		
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		(Conti	inue on separate	e sheet if necessar	(ע	A CONTRACTOR OF THE STATE OF TH		
II. OTHER INFORMATION	Application of the con-	NON-ACADEM	IC DISTINCTIO	ONS / RECOGNIT	ION	33. MEMBERSHIP IN ASSOCIATION/ ORGANIZATION (		
1. SPECIAL SKILLS and HOBBIES 32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)						IN FULL) PHILIPPINE VETERINARY MEDICAI		
COMPUTER LITERATE					ASSOCIATION			
GREAT COMMUNIATION SKILLS  LABORATORY, PRACTICAL,		e a marije.	igni i Lett e Olfo		1000	Control of the contro		
MEDICAL AND SURGICAL SKILLS		59.5	UTVACUU			111 200 201 201 201 201 201 201 201 201		
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		(Con	tinue on senara	te sheet if necessa	rv)			

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?	E 24	☐ YES	☑ NO	
	b. within the fourth degree (for Local Government Unit - Ca	reer Employees\2	□ YES		
	b. Within the lourn degree (ior Eocal Government Onit - Ca	real Employees):		☑ NO	
35.	a. Have you ever been found guilty of any administrative of	fense?	☐ YES	☑ NO	
	b. Have you been criminally charged before any court?	☐ YES  Date File	☑ NO		
			March Committee	1.02	
36.	Have you ever been convicted of any crime or violation of a by any court or tribunal?	any law, decree, ordinance or regulation	□ YES	✓ NO	
37.	7. 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?			□ NO	
38.	8. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?			☑ NO	T 21 V
	b. Have you resigned from the government service during telection to promote/actively campaign for a national or local	☐ YES	☑ NO	80 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
39.	Have you acquired the status of an immigrant or permanent	□ YES	☑ NO	est, mail to perform	
40. a.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972 Are you a member of any indigenous group?				
			☐ YES	☑ NO	
b.	Are you a person with disability?		☐ YES	☑ NO	A 1 H
C.	Are you a solo parent?		☐ YES	☑ NO	
41.	REFERENCES (Person not related by consanguinity or affinity to applican	nt /appointee)			
	NAME	ADDRESS	TEL NO.		
	MA. DELIA A. PAGENTE	BAYBAY CITY, LEYTE	9058396312		-
	DR. DIANE B. CUANAN	UBAY BOHOL	966166748	5	
42.	DR. ABBY PALERMO  I declare under oath that I have personally accomplished to complete statement pursuant to the provisions of pertiner Philippines. I authorize the agency head/authorized repherein.  I agree that any misrepresentation made in filing of administrative/criminal case/s against me.	nt laws, rules and regulations of the Repropresentative to verify/validate the conte	ublic of the ents stated		
G P	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)  LEASE INDICATE ID Number and Date of Issuance				
G	overnment Issued ID: PRC				
10	/License/Passport No.: 0010348	ox)			
D	ate/Place of Issuance: 9/9/2019, ORMOC CITY	07/26/2023 Date Accomplished		Right T	Thumbmark
	SUBSCRIBED AND SWORN to before me this	1 8 SEP 2023 , affiant ex	chibiting his/her va	lidly issued government ID	as indicated above.
		ATTY, RYSAN C. GUINOCOR VSU Ober Legal Officer			
	Person Administering Oat			1	