REPUBLIC OF THE P. BC-CSC Form No. 1	HILIPPINES	:1. NAME OF EMPIOYEE							
(POSITION DESCRIP	TTON FORM	: BANDOLA LILIAN CASTILLOTE							
2. DEPARTMENT, CORPO	RATION OR AGENCY/	: (Family Name) (Given Name) :3. BUREAU OR OFFICE	(Middle Name)						
LUCAL CUVERNMENT									
VISAYAS STATE	COLLEGE OF AGRICULTURE	B:							
4. DELIS BRANCH DIVI	SLON	15. WORK STATION PLACE OF WORK							
Center for Social	Res in Small Farmer D	ev't.							
6a. PRES. APPROP. :61	b. PREV APPEOR	Baybay, Leyte							
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		Science Research Special	ist						
10. WAP CO CLASSIFICATI	ON OF THIS POSITION	:11. OCCUPATION GROUP TITLE							
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20.	I CERTIFY that t	he above answ	ers are accura	te and complete.			
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23a.	Indicate the req	uired qualific	cations by year	rs and kind of ed	ucation consider	ed in	
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	qualifications o	f the present	incumbent. I	his item should b	e filled for all	positions	
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25.	APPROVED:				No.		
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