

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	PAGALAN			
FIRST NAME	LILIBETH VICTORIA		NAME EXTENSION (JR., SR.)	N/A
MIDDLE NAME	VALENZONA			
3. DATE OF BIRTH (mm/dd/yyyy)	April 25, 1967	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship	
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization P/s. indicate country.	
5. SEX	<input type="checkbox"/> Male <input checked="" 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	DE LA CRUZ APARTMENTS 30 DE DICIEMBRE	
7. HEIGHT (m)	1.63		House/Block/Lot No. Street	
8. WEIGHT (kg)	56		DON QUIRIMON ALKUINO, Z-11	
9. BLOOD TYPE	B		Subdivision/Village Barangay	
10. GSIS ID NO.	NONE		BAYBAY LEYTE	
11. PAG-IBIG ID NO.	1212-0612-3326		City/Municipality Province	
12. PHILHEALTH NO.	13-0000124843	ZIP CODE	6521	
13. SSS NO.	06-2027262-6	18. PERMANENT ADDRESS	483-A MERCURY, PHASE 3	
14. TIN NO.	116-626-148		House/Block/Lot No. Street	
15. AGENCY EMPLOYEE NO.	NONE		DDF MANDUG	
			Subdivision/Village Barangay	
			DAVAO DAVAO DEL SUR	
		ZIP CODE	8000	
		19. TELEPHONE NO.	NONE	
		20. MOBILE NO.	09325179595	
		21. E-MAIL ADDRESS (if any)	libethpagalan@gmail.com; libeth.pagalan@vsu.edu.ph	

II. FAMILY BACKGROUND


22. SPOUSE'S SURNAME			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
MIDDLE NAME	N/A	N/A		
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PAGALAN			
FIRST NAME	FALCONERI (Deceased)	NAME EXTENSION (JR., SR.)		
MIDDLE NAME	VILLOCINO	N/A		
25. MOTHER'S MAIDEN NAME				
SURNAME	VALENZONA			
FIRST NAME	TEMPORA			
MIDDLE NAME	FERNANDEZ			

(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	VISCA FOUNDATION ELEMENTARY SCHOOL	PRIMARY EDUCATION	1973	1979		1979	
SECONDARY	EXPERIMENTAL RURAL HIGH SCHOOL	HIGH SCHOOL	1979	1983		1983	VISCA PARTIAL SCHOLARSHIP
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	BACHELOR OF SCIENCE IN AGRICULTURE (AGRONOMY)	1983	1987		1987	VISCA PARTIAL SCHOLARSHIP
GRADUATE STUDIES	LEYTE STATE UNIVERSITY (now VSU)	MASTER OF SCIENCE IN AGRICULTURE (AGRONOMY)	1987	2003		2003	

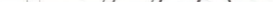
(Continue on separate sheet if necessary)

SIGNATURE		DATE	JULY 12, 2019	CS FORM 212 (Revised 2017), Page 1 of 4
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27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	CAREER SERVICE PROFESSIONAL	75.93	7/26/1987	TACLOBAN CITY	276539	

V. WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	JULY 12, 2019	CS FORM 212 (Revised 2017), Page 2 of 4
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION'S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A				

(Continue on separate sheet if necessary)

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)

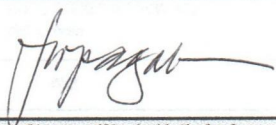
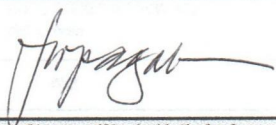
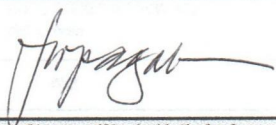



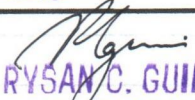
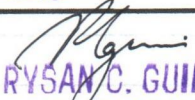
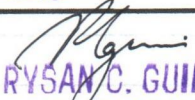
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	FULL AWARENESS TRAINING COURSE ISO 9001:2015	1/26/2017	1/27/2017	16.0		AJA REGISTRARCINC.
	SEMINAR-WORKSHOP ON 5S & RECORDS MANAGEMENT	2/18/2017		8.0		VISAYAS STATE UNIVERSITY
	ISO 9001:2015 ENHANCE SEMINAR-WORKSHOP ON INTERNAL QUALITY AUDIT	3/2/2017	3/3/2017	16.0		VISAYAS STATE UNIVERSITY
	RE-ORIENTATION ON THE 5S INTERNAL AUDIT REQUIREMENTS	6/22/2017		8.0		VISAYAS STATE UNIVERSITY
	RECORDS MANAGEMENT TRAINING	7/6/2017	7/7/2017	16.0		VISAYAS STATE UNIVERSITY
	ORIENTATION ON PREPARATION OF DOCUMENTS FOR THE INTERNAL AUDIT	7/26/2017		8.0		VISAYAS STATE UNIVERSITY
	CONSULTATION-WORKSHOP ON THE DEFINITION OF NEW AND IDENTIFIED HIGHER EDUCATION DATA ELEMENTS AND AY 2017-2018 HIGHER EDUCATION ANNUAL DATA COLLECTION	10/5/2017		7.0		COMMISSION ON HIGHER EDUCATION
	IN-HOUSE TRAINING ON REPUBLIC ACT 9184 AND THE 2016 REVISED IMPLEMENTING RULES AND REGULATIONS	6/10/2019	6/12/2019	24.0		GOVERNMENT PROCUREMENT POLICY BOARD REGIONAL COMPOSITE TEAM

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	DRIVING MOTORCYCLE AND VEHICLE UP TO 4500 KGS		N/A		N/A

(Continue on separate sheet if necessary)

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 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: FINISHED CONTRACT												
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><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>ROMEL B. ARMECIN, Ph.D.</td><td>Eco-Farm and Resource Management Institute Visayas State University, Baybay City, Leyte</td><td></td></tr><tr><td>DANIEL M. TUTTUD, JR.</td><td>Office of the University Secretary, Visayas State University, Baybay City, Leyte</td><td></td></tr><tr><td>ENGR. JAIME M. NUNEZ</td><td>Philippine Coconut Authority, Northwestern Leyte Province, Baybay City, Leyte</td><td></td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	ROMEL B. ARMECIN, Ph.D.	Eco-Farm and Resource Management Institute Visayas State University, Baybay City, Leyte		DANIEL M. TUTTUD, JR.	Office of the University Secretary, Visayas State University, Baybay City, Leyte		ENGR. JAIME M. NUNEZ	Philippine Coconut Authority, Northwestern Leyte Province, Baybay City, Leyte	
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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 cases against me.													
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td><td>SSS</td></tr><tr><td>Government Issued ID:</td><td>06-1027262-6</td></tr><tr><td>ID/License/Passport No.</td><td></td></tr><tr><td>Date/Place of Issuance:</td><td>ORMOC CITY BRANCH</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	SSS	Government Issued ID:	06-1027262-6	ID/License/Passport No.		Date/Place of Issuance:	ORMOC CITY BRANCH	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>JULY 12, 2019</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	JULY 12, 2019	Date Accomplished
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SUBSCRIBED AND SWORN to before me this <u>02 AUG 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUINOCOR</td></tr><tr><td>VSU LEGAL OFFICER</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUINOCOR	VSU LEGAL OFFICER	Person Administering Oath								
													
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