

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 () ☒ 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	TULIN		
FIRST NAME	EDGARDO	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	ESCUADRA		
3. DATE OF BIRTH (mm/dd/yyyy)	12/12/1961	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	ALBUERA, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.71	17. RESIDENTIAL ADDRESS	Apartment 51 Kilbourne St. House/Block/Lot No. Street Visayas State University Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
8. WEIGHT (kg)	61.0	ZIP CODE	6521
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	Apartment 51 Kilbourne St. House/Block/Lot No. Street Visayas State University Subdivision/Village Barangay Baybay City Leyte City/Municipality Province
10. GSIS ID NO.	006-0017-6117-7	ZIP CODE	6521
11. PAG-IBIG ID NO.	✓	19. TELEPHONE NO.	053 563 7253
12. PHILHEALTH NO.	✓	20. MOBILE NO.	09173108081
13. SSS NO.	✓	21. E-MAIL ADDRESS (if any)	tulinedgardo@gmail.com
14. TIN NO.	104-770-735		
15. AGENCY EMPLOYEE NO.	V000522		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	BAUTISTA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ANABELLA	NAME EXTENSION (JR., SR)	EDRIAN PAOLO B. TULIN	3/5/1994
MIDDLE NAME	TILANO		EA KRISTINE CLARISSE B. TULIN	8/9/1995
OCCUPATION	UNIVERSITY PROFESSOR		EDELLE MARIE B. TULIN	6/6/1997
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY			
BUSINESS ADDRESS	VISCA, BAYBAY CITY, LEYTE			
TELEPHONE NO.	053 563 7253			
24. FATHER'S SURNAME	TULIN			
FIRST NAME	MANUEL	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	PEÑALOSA			
25. MOTHER'S MAIDEN NAME				
SURNAME	ESCUADRA			
FIRST NAME	ROSALITA			
MIDDLE NAME	MUEGO			

(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	CAMBALADING ELEMENTARY SCHOOL	Primary	1969	1973	GRADUATED	1993	FIRST HONOR
SECONDARY	ALBUERA MUNICIPAL HIGHSCHOOL	Secondary	1973	1977	GRADUATED	1977	VALEDICTORIAN
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE COLLEGE OF AGRICULTURE	Bachelor of Science in Agriculture	1977	1981	GRADUATED	1981	CUM LAUDE
GRADUATE STUDIES	UNIVERSITY COLLEGE LONDON	Master of Science	1982	1984	GRADUATED	1984	
	NAGOYA UNIVERSITY	Doctor of Agricultural Science	1989	1993	GRADUATED	1993	
	IWATE UNIVERSITY	Post Doctoral	1993	1995	GRADUATED	1995	

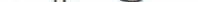
(Continue on separate sheet if necessary)

[illegible]

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

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

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SIGNATURE		DATE	OCT 30, 2019	CS FORM 212 (Revised 2017), Page 2 of 4
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Oct 30, 2019

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	FOCOLARE	01/ 01/1997	Present		Coordinator/volunteer
	COUPLES FOR CHRIST	06 /01 /1995	Present		Member volunteer


VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the Program	
2. Description of the Program	
3. Date Attended	
4. Location	
5. Duration	
6. Facilitator	
7. Topics Covered	
8. Key Takeaways	
9. Action Items	
10. Feedback	

	INCLUSIVE DATES OF			
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VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
play table tennis	Ten Outstanding Movers of the Philippines (TOMP) 2019	Natural Products Society of the Philippines
gardening	NAST Outstanding Science Administrator 2018	Phi Delta Honor Society
	Presidential Lingkod Bayan Award Awardee 2014	Philippine Society for Cell Biology
	Dangal ng Bayan Award Semifinalist 2011	VSU Alumni Association Inc.
	VSU Loyalty Award 2012	National Research Council of the Philippines

SIGNATURE		DATE	OCT 30, 2019	CS FORM 212 (Revised 2017), Page 3 of 4
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Oct 30, 2019

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME</th> <th style="width: 35%;">ADDRESS</th> <th style="width: 30%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Dr. Jose L. Bacusmo</td> <td>VSU, BAYBAY CITY, LEYTE</td> <td>09173108076</td> </tr> <tr> <td>Dr. Paciencia P. Milan</td> <td>Guadalupe, Baybay City, Leyte</td> <td>09484992730</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Dr. Jose L. Bacusmo	VSU, BAYBAY CITY, LEYTE	09173108076	Dr. Paciencia P. Milan	Guadalupe, Baybay City, Leyte	09484992730			
NAME	ADDRESS	TEL. NO.											
Dr. Jose L. Bacusmo	VSU, BAYBAY CITY, LEYTE	09173108076											
Dr. Paciencia P. Milan	Guadalupe, Baybay City, Leyte	09484992730											
<p>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.</p>													

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	
PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	GSIS
ID/License/Passport No.:	006-0017-6117-7
Date/Place of Issuance:	

 Signature (Sign inside the box) <u>Oct 30, 2019</u> Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 7 NOV 2019, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSAN C. GUINOCOR
 VSU LEGAL OFFICER
 Person Administering Oath