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| WARNING: Any misrepresenta | tion made in t | he Personal I | Data Sheet and the | e Work Experience Sheet sh | all cause the | filing of adm | ninistrative/cr | riminal case/s ag | ainst the pers | son | |
| concerned. READ THE ATTACHED GUIDE | | | | | | E PDS FORM | 1. | | | | |
| Print legibly. Tick appropriate boxes | | eparate sheet if | necessary. Indicate | N/A if not applicable. DO NOT A | ABBREVIATE. | | 1. CS ID No. | | (Do not fill up. F | For CSC use only) | |
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| FIRST NAME | ROMEL | | | NAME EXTENSION (JR., SR) | | | | | | | |
| MIDDLE NAME | BRIGOLI | | | | | | | | | | |
| DATE OF BIRTH (mm/dd/yyyy) | | 6/29/196 | 66 | 16. CITIZENSHIP | | ✓ Filip | ino | Dual Citizenship | Dhy paturali | ration | |
| 4. PLACE OF BIRTH | | Sogod, C | ebu tos | If holder of dual citiz | | | | | by birth by naturalization lbs. indicate country: | | |
| 5. SEX | ✓ Male | | ☐ Female | please indicate the | details. | | | | | | |
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| 15. AGENCY EMPLOYEE NO. | 17-11 | 20-48 | 4 Viletevir | 21. E-MAIL ADDRESS (if any) | 1)! | t Professor | rbarmeci | n@vsu.edu. | oh 2005 | 12/1/2 | |
| II. FAMILY BACKGROUND | | | | | | | | | | | |
| 22. SPOUSE'S SURNAME | | 2916.00 | Armecin | Visayas State College | 23. NAME of C | HILDREN (Wri | te full name and | list all) | DATE OF BIR | TH (mm/dd/yyyy) | |
| FIRST NAME | | Brigid | a | NAME EXTENSION (JR., SR) | | Ladie Ger | nesis B. Arme | cin | 1/10 |)/1995 | |
| MIDDLE NAME | | | Bitancor | | | | | | | | |
| OCCUPATION | | | none | | | | | | | | |
| EMPLOYER/BUSINESS NAME | | | n/a | | - | | | | | | |
| BUSINESS ADDRESS | | | n/a | | | | | | | | |
| TELEPHONE NO. | | | (053) 563 7012 | 2 | | | | | | | |
| 24. FATHER'S SURNAME | | | Armecin | | | | | | | | |
| FIRST NAME | | Dominador (d | eceased) | NAME EXTENSION (JR., SR) | | | | | | | |
| MIDDLE NAME | | | Comaingking | | | | | | | | |
| 25. MOTHER'S MAIDEN NAME | | | Brigoli | | | | | | | | |
| | | | | | | | | | | | |
| SURNAME | | | Armecin | | - | | | | | | |
| FIRST NAME | | | Irene (deceased | d) | | | | | | | |
| MIDDLE NAME | | | Bracero | | | (| Continue on sep | parate sheet if nece | ssary) | and the second second | |
| III. EDUCATIONAL BACKO | ROUND | | | | | | | | | CONTOU A DOUBLE | |
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| ELEMENTARY | | Sogod Central | I School | Elementary diploma | | 6/2/1973 | 3/31/1979 | | 1979 | with honors | |
| SECONDARY | Juan Dosado Memorial School | | High School diploma | | 6/1/1979 | 3/31/1983 | | 1983 | with honors | | |

VOCATIONAL / TRADE COURSE n/a COLLEGE Visayas State College of Agriculture BS in Agriculture (major in Soil Science) 6/1/1983 4/2/1987 1987 NA 2000 GRADUATE STUDIES Visayas State University Master of Science (Soil Science) 6/1/1990 4/4/2000 NA University of the Philippines - Los Banos Doctor of Philosophy (Soil Science) 6/1/2005 9/2/2009 2010 NA (Continue on separate sheet if necessary) well SIGNATURE

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| BARANGAY ELIGIBILITY / DRIVER'S LICENSE none | 27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE RATING | | | | RMENT | LICENSE (if applicat | |
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| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT 29. NAME & ADDRESS OF ORGANIZATION Officia in full. | | INCLU | INCLUSIVE DATES (mm/dd/yyyy) | | Incusos es | POSITION / NATURE OF WORK | |
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| /II. LEARNING AND DEVELOPMENT (L&D |) INTERVENTIONS/TRAINING | (Continue on separa PROGRAMS A | | 7) | | | |
| Start from the most recent L&D/training program and inclu | ide only the relevant L&O/training taken | | | ef/Executive/Manag | erial positions) | | |
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| /III. OTHER INFORMATION | | NON-ACADEMIC DIS | TINCTIONS / RECO | CNITION | | MEMBERSHIP IN ASSOCIATION/ORGANIZATION | |
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| Are you related by consanguinity or affinity to the appointing chief of bureau or office or to the person who has immediate | | 15 15 (AA) 10 3 1 | | |
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| Bureau or Department where you will be apppointed, a. within the third degree? | | YES V NO | | |
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| 35. a. Have you ever been found guilty of any administrative off | ense? | ☐ YES ☑ NO If YES, give details: | | |
| b. Have you been criminally charged before any court? | | YES NO If YES, give details: Date Filed: Status of Case/s: | | |
| 36. Have you ever been convicted of any crime or violation of a any court or tribunal? | ny law, decree, ordinance or regulation by | ☐ YES ☑ NO If YES, give details: | | |
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| 37. Have you ever been separated from the service in any of th retirement, dropped from the rolls, dismissal, termination, et (abolition) in the public or private sector? | nd of term, finished contract or phased out | YES VO If YES, give details: | | |
| 38. a. Have you ever been a candidate in a national or local ele Barangay election)? | ction held within the last year (except | ☐ YES ☑ NO | | |
| b. Have you resigned from the government service during the election to promote/actively campaign for a national or local | ne three (3)-month period before the last | ☐ YES ☑ NO If YES, give details: | | |
| 39. Have you acquired the status of an immigrant or permanent | t resident of another country? | YES NO If YES, give details (country): | | |
| 40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Ma 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972) | | | | |
| a. Are you a member of any indigenous group? | | ☐ YES ☑ NO If YES, please specify: | | |
| Are you a person with disability? | | YES V NO | | |
| c. Are you a solo parent? | | ☐ YES ☑ NO If YES, please specify ID No: | | |
| 41. REFERENCES (Person not related by consanguinity or affinity to applican | t /appointee) | | | |
| NAME | ADDRESS | TEL. NO. | | |
| Prof. Ophella D. Velarde | Director, Office for the Vice President for Research, Extention and Innovation | 565-0600 loc 1005 | | |
| Dr. Maria Juliet C. Ceniza | VP for Research, Extension and Innovation | 565-0600 loc1116 | | |
| Dr. Beatrez S. Belonias | Vice President for Academic Affairs | 565-0600 loc 1114 | | |
| 42. I declare under oath that I have personally accomplishe complete statement pursuant to the provisions of pertin Philippines. I authorize the agency head/authorized repress agree that any misrepresentation made in this doct administrative/criminal case/s against me. | nent laws, rules and regulations of the entative to verify/validate the contents state | Republic of the ed herein. | | |
| Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance | Washington and Lawy | SI 1 1.050 | | |
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| SUBSCRIBED AND SWORN to before me this | , affiant exhibit ATTY: RYSAN C. GUINOCOR VSU Chief Legal Officer | ing his/her validly issued government ID as indicated above. | | |
| | Person Administering Oa | | | |
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