

CS Form No. 212
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 ☐) 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	DATAN		
FIRST NAME	MALVIN	NAME EXTENSION (JR., SR) P/A	
MIDDLE NAME	BELMI		
3. DATE OF BIRTH (mm/dd/yyyy)	5/6/1996	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	CEBU CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.80 m	ZIP CODE	6521
8. WEIGHT (kg)	74 kg		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay ORMOC CITY LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6541
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	12-253414591-6		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	717-109-224	20. MOBILE NO.	09073662793
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	malvin.datan@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		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	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	DATAN		N/A	N/A
FIRST NAME	JOSE	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	CAPAO		N/A	N/A
25. MOTHER'S MAIDEN NAME	JOCELYN ADOVE BELMI		N/A	N/A
SURNAME	DATAN		N/A	N/A
FIRST NAME	JOCELYN		N/A	N/A
MIDDLE NAME	DATAN			

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	CATARMAN ELEMENTARY SCHOOL	PRIMARY EDUCATION	2006	2009	N/A	2009	N/A
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2009	2013	N/A	2013	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BS IN AGRICULTURE	2013	2017	N/A	2017	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS IN HORTICULTURE	2018	2020	N/A	2020	DOSTSBI ASTHROP-NSC SCHOLAR

SIGNATURE		DATE	April 6, 2021
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IV. CIVIL SERVICE ELIGIBILITY					
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
PD 907 - HONOR GRADUATE	N/A	6/14/2017	VISAYAS STATE UNIVERSITY, VISCA, BAYBAY CITY, LEYTE	100108170650	6/30/2017
DRIVER'S LICENSE	N/A	3/27/2018	LAND TRANSPORTATION OFFICE, BAYBAY CITY, LEYTE	H1219000261	5/6/2023
RA 1080 - LICENSED PROFESSIONAL AGRICULTURIST	N/A	11/5/2019	TACLOBAN CITY, LEYTE		

[illegible]

4/06/21

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]


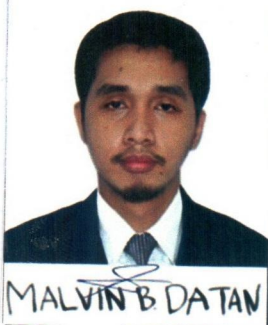


VIII. OTHER INFORMATION

[illegible]

SIGNATURE

DATE _____

4/06/21

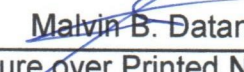
34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" 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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
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)		
NAME	ADDRESS	TEL. NO.
DR. ZENAIDA C. GONZAGA	VISCA, BAYBAY CITY, LEYTE	9176320387
DR. SUZETTE B. LINA	VISCA, BAYBAY CITY, LEYTE	9199613922
DR. MARILOU M. BENITEZ	VISCA, BAYBAY CITY, LEYTE	9950568136
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.		
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number Government Issued ID: Driver's License ID/License/Passport No. H12-19-000261 Date/Place of Issuance: 2018, Baybay City	 Signature (Sign inside the box) 4/06/21 Date Accomplished	 MALVIN B. DATAN PHOTO  Right Thumbmark
SUBSCRIBED AND SWORN to before me this <u>06 APR 2021</u> , affiant exhibiting his/her validly issued government ID as indicated above.		
 ATTY. RYSAN GUINOCOR vsu Chief Legal Officer Person Administering Oath		

WORK EXPERIENCE SHEET

Instructions: 1. Include only the work experiences relevant to the position being applied for.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed starting with the most recent/present employment

- Duration: August 1, 2020 – February 26, 2021
- Position: Part-time Instructor
- Name of Office/Unit: Department of Horticulture
- Immediate Supervisor: Rosario A. Salas
- Name of Agency/Organization and Location: Department of Horticulture, College of Agriculture and Food Science, Visayas State University
- List of Accomplishments and Contributions (if any)
 - Proof reading and type-setting modules
 - In-charge of troubleshooting other faculties equipment (i.e., computers, printers, moodle accounts)
- Summary of Actual Duties
 - Conducted virtual classes, prepared instructional materials, assessed students' performance and entertains students' concerns.


Malvin B. Datan
(Signature over Printed Name
of Employee/Applicant)

Date: 04/06/2021