

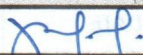
PERSONAL DATA SHEET













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	Estor		
FIRST NAME	Lovely Mae	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Jabines		
3. DATE OF BIRTH (mm/dd/yyyy)	11/06/1997	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: Philippines
4. PLACE OF BIRTH	Baybay, Leyte	If holder of dual citizenship, please indicate the details.	
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"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	30 de Diciembre Street House/Block/Lot No. Street Poblacion Zone 23 Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.51	ZIP CODE	6521
8. WEIGHT (kg)	49.00		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
10. GSIS ID NO.	2005462306	ZIP CODE	
11. PAG-IBIG ID NO.	12123492541		
12. PHILHEALTH NO.	132503710009		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	350970027	20. MOBILE NO.	9093234740
15. AGENCY EMPLOYEE NO.	V01094	21. E-MAIL ADDRESS (if any)	lovelymae.estor@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	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	Estor			
FIRST NAME	Francisco	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Marumas			
25. MOTHER'S MAIDEN NAME	Virginia Gucela Jabines			
SURNAME	Estor			
FIRST NAME	Virginia			
MIDDLE NAME	Jabines		(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	Baybay I Central School	Elementary	2004	2010		2010	
SECONDARY	Baybay National High School	Secondary	2010	2014		2014	
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Bachelor of Science Secondary Education- Mathematics	2014	2018		2018	DOST/ Magna Cum Laude
GRADUATE STUDIES	Cebu Normal University	Master of Science in Mathematics	2019	Present			

(Continue on separate sheet if necessary)			
SIGNATURE		DATE	12/04/2020

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)														
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Eusebio Lina Jr.</td><td>Visayas State University</td><td>09293697060</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	Eusebio Lina Jr.	Visayas State University	09293697060						
NAME	ADDRESS	TEL. NO.												
Eusebio Lina Jr.	Visayas State University	09293697060												
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.														
<table><tr><td>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PHILHEALTH</td></tr><tr><td>ID/License/Passport No.: 132503710009</td></tr><tr><td>Date/Place of Issuance: 10/15/2018 / Baybay City, Leyte</td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	Government Issued ID: PHILHEALTH	ID/License/Passport No.: 132503710009	Date/Place of Issuance: 10/15/2018 / Baybay City, Leyte	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>12/04/2020</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	12/04/2020	Date Accomplished	<table><tr><td></td></tr><tr><td>LOVELY MAE G. ESTOR PHOTO</td></tr><tr><td></td></tr><tr><td>Right Thumbmark</td></tr></table>		LOVELY MAE G. ESTOR PHOTO		Right Thumbmark
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance														
Government Issued ID: PHILHEALTH														
ID/License/Passport No.: 132503710009														
Date/Place of Issuance: 10/15/2018 / Baybay City, Leyte														
														
Signature (Sign inside the box)														
12/04/2020														
Date Accomplished														
														
LOVELY MAE G. ESTOR PHOTO														
														
Right Thumbmark														
SUBSCRIBED AND SWORN to before me this <u>09 DEC 2020</u> , affiant exhibiting his/her validly issued government ID as indicated above.														
<table><tr><td></td></tr><tr><td>ATTY RYSAN C. GUINOCOR SOLICITOR Person Administering Oath</td></tr></table>				ATTY RYSAN C. GUINOCOR SOLICITOR Person Administering Oath										
														
ATTY RYSAN C. GUINOCOR SOLICITOR Person Administering Oath														