

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	PALERMO		
FIRST NAME	LADY FATIMA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	GASES		
3. DATE OF BIRTH (mm/dd/yyyy)	4/17/1984	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Baybay City, 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	
7. HEIGHT (m)	1.52 m		House/Block/Lot No. Street
8. WEIGHT (kg)	60 kg		Candadam
9. BLOOD TYPE	"A"		Subdivision/Village Barangay
10. GSIS ID NO.	BP NO. 2005056986		Baybay Leyte
11. PAG-IBIG ID NO.	1211-6519-9751		City/Municipality Province
12. PHILHEALTH NO.	01-050416150-7		6521
13. SSS NO.	34-0034646-8	18. PERMANENT ADDRESS	
14. TIN NO.	245-590-562-000		House/Block/Lot No. Street
15. AGENCY EMPLOYEE NO.	V-00935		Candadam
			Subdivision/Village Barangay
			Baybay Leyte
			City/Municipality Province
			6521
		19. TELEPHONE NO.	NA
		20. MOBILE NO.	+639176229203
		21. E-MAIL ADDRESS (if any)	fatimpalermo@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NA	NAME EXTENSION (JR., SR)	NA	NA
MIDDLE NAME	NA			
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	PALERMO			
FIRST NAME	ANTONIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MORALES			
25. MOTHER'S MAIDEN NAME				
SURNAME	GASES			
FIRST NAME	VICTORIA			
MIDDLE NAME	LAMORIDAN			

(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	1991	1997	NA	1998	NA
SECONDARY	VISCA LA BORATORY HIGH SCHOL	HIGH SCHOOL	1997	2001	NA	2001	WITH HONORS
VOCATIONAL / TRADE COURSE	NA	NA	NA	NA	NA	NA	NA
COLLEGE	LEYTE STATE UNIVERSITY	BS IN DEVELOPMENT COMMUNICATION	2002	2006	NA	2006	NA
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MS IN PLANT PATHOLOGY	2009	2014	NA	2014	NA


(Continue on separate sheet if necessary)

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[illegible]

V. WORK EXPERIENCE

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIL SOCIETY / 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		
	NA	NA	NA	NA	NA

(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			
	STUDY MISSION ON CASSAVA CROP HEALTH IN VIETNAM AND THAILAND	4/26/2016	5/4/2016	40.0	TECHNICAL	INTERNATIONAL CENTER FOR TROPICAL AGRICULTURE, HANOI VIETNAM
	28TH JOINT VICARP-RRDEN REGIONAL RDE SYMPOSIUM	12/7/2016	12/8/2016	16.0	TECHNICAL	VISAYAS CONSORTIUM FOR AGRICULTURE, AQUATIC AND RESOURCES PROGRAM; REGIONAL RESEARCH DEVELOPMENT AND EXTENSION NETWORK
	2ND ORGANIC AGRICULTURE SCIENTIFIC CONFERENCE	2/16/2016	2/20/2016	32.0	TECHNICAL	ORGANIC AGRICULTURE SOCIETY OF THE PHILIPPINES
	1ST SYMPOSIUM OF THE PHILIPPINE SOCIETY OF BIOCHEMISTRY AND MOLECULAR BIOLOGY - VISAYAS CHAPTER	1/15/2011	1/15/2011	8.0	TECHNICAL	PHILIPPINE SOCIETY FOR BIOTECHNOLOGY AND MOLECULAR BIOLOGY - VISAYAS CHAPTER
	27TH JOINT VICARP-RRDEN REGIONAL RDE SYMPOSIUM	12/3/2015	12/4/2015	16.0	TECHNICAL	VISAYAS CONSORTIUM FOR AGRICULTURE, AQUATIC AND RESOURCES PROGRAM; REGIONAL RESEARCH DEVELOPMENT AND EXTENSION NETWORK
	PHILIPPINE PHYTOPATHOLOGICAL SOCIETY, INCORPORATED - VISAYAS DIVISION MEETING AND REGIONAL SCIENTIFIC CONFERENCE	10/26/2012	10/27/2012	16.0	TECHNICAL	PHILIPPINE PHYTOPATHOLOGICAL SOCIETY, INCORPORATED - VISAYAS DIVISION
	PEST MANAGEMENT COUNCIL OF THE PHILIPPINES 43RD ANNIVERSARY AND ANNUAL SCIENTIFIC CONFERENCE	5/8/2012	5/11/2012	24.0	TECHNICAL	PEST MANAGEMENT COUNCIL OF THE PHILIPPINES, INCORPORATED

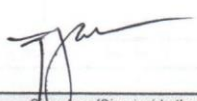
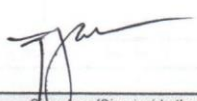
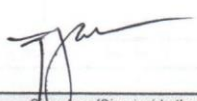



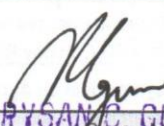
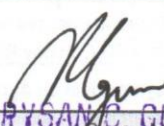
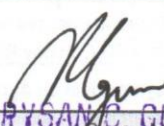
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VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	NA		Winner – Outstanding Research Paper during the 28th Joint VICARP-RRDEN Regional RDE Symposium “Biochemical Alterations and Yield Loss in Cassava Infected with Phytoplasma” Authors: Vasquez EAV, Calibo C, Godoy CDV, Godoy RM, Dacera, RM, Palermo LFG		NA
			3rd Place Winner – National Symposium on Agriculture and Aquatic Resources Research and Development “Management of Cassava Phytoplasma Disease (CPD): Survey, Diagnosis, Characterization and Control” Authors: Vasquez EAV, Borines LM, Dacera, RM, Maranguit R, Palermo LFG		
			Winner – Outstanding Research Paper during the 27th Joint VICARP-RRDEN Regional RDE Symposium “Management of Cassava Phytoplasma Disease (CPD): Survey, Diagnosis, Characterization and Control” Authors: Vasquez EAV, Borines LM, Dacera, RM, Maranguit R, Palermo LFG		

(Continue on separate sheet if necessary)

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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>Dr. Erlinda A. Vasquez</td><td>PhilRootcrops, Visayas State University</td><td>563-7229</td></tr><tr><td>Dr. Lucia M. Borines</td><td>Department of Pest Management, Visayas State University</td><td>563-7250</td></tr><tr><td>Prof. Jesusito L. Lim</td><td>Department of Pest Management, Visayas State University</td><td>jesslim24@yahoo.com</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	Dr. Erlinda A. Vasquez	PhilRootcrops, Visayas State University	563-7229	Dr. Lucia M. Borines	Department of Pest Management, Visayas State University	563-7250	Prof. Jesusito L. Lim	Department of Pest Management, Visayas State University	jesslim24@yahoo.com
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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.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: Passport</td></tr><tr><td>ID/License/Passport No.: EC0522438</td></tr><tr><td>Date/Place of Issuance: Cebu City, Philippines</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: Passport	ID/License/Passport No.: EC0522438	Date/Place of Issuance: Cebu City, Philippines	<table><tr><td> Signature (Sign inside the box)</td></tr><tr><td>July 13, 2018 Date Accomplished</td></tr></table>	 Signature (Sign inside the box)	July 13, 2018 Date Accomplished						
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SUBSCRIBED AND SWORN to before me this JUL 23 2018 , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td> ATTY. RYSANE GUINOCOR Person Administering Oath VSU LEGAL OFFICER</td></tr></table>		 ATTY. RYSANE GUINOCOR Person Administering Oath VSU LEGAL OFFICER											
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