

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  
CABELIN

FIRST NAME  
ROLANDO

MIDDLE NAME  
SARASOLA

3. DATE OF BIRTH  
(mm/dd/yyyy)  
AUGUST 8, 1988

4. PLACE OF BIRTH  
QUEZON CITY, PHILIPPINES

5. SEX  
☒ Male ☐ Female

6 CIVIL STATUS  
☐ Single ☒ Married  
☐ Widowed ☐ Separated  
☐ Other/s:

7. HEIGHT (m)  
1.68

8. WEIGHT (kg)  
64.8

9. BLOOD TYPE  
B+

10. GSIS ID NO.  
2004878480

11. PAG-IBIG ID NO.  
913058118168

12. PHILHEALTH NO.  
13-025135060-5

13. SSS NO.  
06-3091037-9

14. TIN NO.  
406-750-179

15. AGENCY EMPLOYEE NO.  
16C080243

16. CITIZENSHIP  
☒ Filipino ☐ Dual Citizenship  
☐ by birth ☐ by naturalization  
Pls. indicate country:  
Philippines

17. RESIDENTIAL ADDRESS  
LOT 9994-B-1  
VENUS  
House/Block/Lot No. Street  
PAWING  
Subdivision/Village Barangay  
PALO LEYTE  
City/Municipality Province  
ZIP CODE 6501

18. PERMANENT ADDRESS  
COR. JUAN LUNA AND ROXAS STREETS  
House/Block/Lot No. Street  
CAYARE  
Subdivision/Village Barangay  
SAN MIGUEL LEYTE  
City/Municipality Province  
ZIP CODE 6518

19. TELEPHONE NO.  
053-3005031

20. MOBILE NO.  
+63 975 3994008

21. E-MAIL ADDRESS (if any)  
rolandcabelin@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME  
ARGENIO-CABELIN

FIRST NAME  
KRISTEEN JOY

MIDDLE NAME  
EULIN

OCCUPATION  
PHYSICIAN

EMPLOYER/BUSINESS NAME  
EASTERN VISAYAS MEDICAL CENTER

BUSINESS ADDRESS  
TACLOBAN CITY

TELEPHONE NO.  
053-3005031

23. NAME of CHILDREN (Write full name and list all)  
ROLANDO A. CABELIN III  
RAFAEL PIERRE A. CABELIN

DATE OF BIRTH (mm/dd/yyyy)  
11/24/2017  
11/26/2019

24. FATHER'S SURNAME  
CABELIN

FIRST NAME  
ROLANDO

MIDDLE NAME  
MARTIN

25. MOTHER'S MAIDEN NAME  
SARASOLA

FIRST NAME  
MARIA LUISA

MIDDLE NAME

(Continue on separate sheet if necessary)

III. EDUCATIONAL BACKGROUND

26. LEVEL  
ELEMENTARY  
SECONDARY  
VOCATIONAL /  
TRADE COURSE  
COLLEGE  
GRADUATE STUDIES

NAME OF SCHOOL  
(Write in full)  
ST. THERESA'S SCHOOL OF BAESA  
HOLY INFANT COLLEGE  
N/A  
RTR MEDICAL FOUNDATION  
SAINT PAUL SCHOOL OF PROFESSIONAL STUDIES

BASIC EDUCATION/DEGREE/COURSE  
(Write in full)  
PRIMARY EDUCATION  
HIGH SCHOOL  
N/A  
BACHELOR OF SCIENCE IN NURSING  
JURIS DOCTOR PROGRAM

PERIOD OF ATTENDANCE  
From To  
1995 2001  
2001 2005  
N/A N/A  
2005 2009  
2019 PRESENT

HIGHEST LEVEL/  
UNITS EARNED  
(if not graduated)  
GRADUATED  
GRADUATED  
N/A  
GRADUATED  
105 UNITS

YEAR  
GRADUATED  
2001  
2005  
N/A  
2009  
N/A

SCHOLARSHIP/  
ACADEMIC  
HONORS  
RECEIVED  
N/A  
N/A  
N/A  
N/A  
N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE  
DECEMBER 19, 2022

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[illegible]

*(Continue on separate sheet if necessary)*

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

28	INCLUSIVE DATES				SALARY/JOB PAY	
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[illegible]

(Continue on separate sheet if necessary)

<b>SIGNATURE</b>		<b>DATE</b>	DECEMBER 19, 2022
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<b>SIGNATURE</b>		<b>DATE</b>	DECEMBER 19, 2022
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<b>SIGNATURE</b>		<b>DATE</b>	DECEMBER 19, 2022
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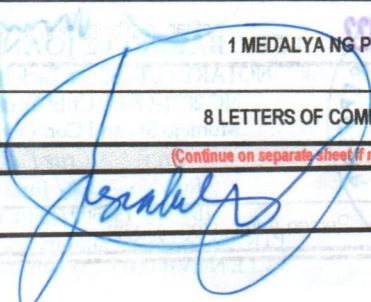


VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S					
29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	N/A	N/A	N/A	N/A	N/A

(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			
	JOINT BASIC INFORMATION COLLECTION & ANALYSIS SEMINAR	7 12 2021	7/16/2021	40	TECHNICAL	INTELLIGENCE TRAINING GROUP, DIRECTORATE FOR INTELLIGENCE, PNP
	INTEGRATED TRAINING PROGRAM FOR MANDATORY SEMINARS ON MORAL RECOVERY, HUMAN RIGHTS AND GENDER DEVELOPMENT	9/23/2019	9/30/2019	40	TECHNICAL	REGIONAL SPECIAL TRAINING UNIT 8, PNP
	1ST INTELLIGENCE ANALYSTS CONVENTION TRAINING	3/21/2018	3/23/2018	24	TECHNICAL	NATIONAL INTELLIGENCE COORDINATING AGENCY, QUEZON CITY
	BARANGAY INFORMATION NETWORK TRAINING	11/21/2018	11/22/2018	16	TECHNICAL	REGIONAL INTELLIGENCE DIVISION 8, PNP
	BASIC INTELLIGENCE SEMINAR	8/24/2017	8/25/2017	16	TECHNICAL	REGIONAL INTELLIGENCE DIVISION 8, PNP

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION				
31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	DRIVING		18 PNP COMMENDATION MEDALS	PHILIPPINE NURSES ASSOCIATION
	SWIMMING		28 PNP EFFICIENCY MEDALS	ALTERNATIVE CHANNEL COORDINATING EMERGENCY SUPPORT SERVICES-5
	READING BOOKS		1 MEDALYA NG PAGTULONG SA NASALANTA	RTR MEDICAL FOUNDATION ALUMNI ASSOCIATION
			1 MEDALYA NG PAGKILALA	NON UNIFORMED PERSONNEL ASSOCIATION, INC.
			8 LETTERS OF COMMENDATIONS	HOLY INFANT COLLEGE ALUMNI ASSOCIATION
(Continue on separate sheet if necessary)				
SIGNATURE				DATE
				DECEMBER 19, 2022



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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: <u>RESIGNATION/END OF TERM</u>
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: _____

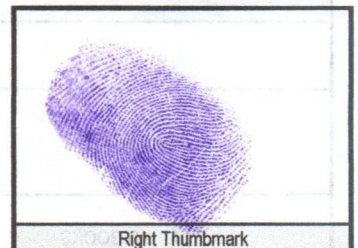
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
RET. HON. JUSTICE VICENTE S.E. VELOSO III	SAN MIGUEL, LEYTE	0945-4856169
PMAJ TED V. PREJULA	TACLOBAN CITY	0917-6254442
JESUSA M. MAGNU	CANIGARA LEYTE	09351912182

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 and Date of Issuance
Government Issued ID: LTO DRIVER'S LICENSE
ID/License/Passport No.: HO2-20-004464
Date/Place of Issuance: 10/15/2020 TACLOBAN CITY

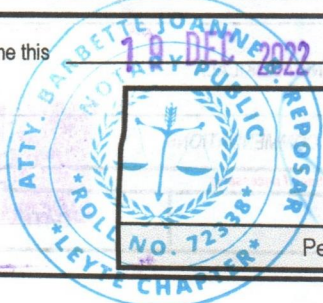
Signature (Sign inside the box)
DECEMBER 19, 2022
Date Accomplished



SUBSCRIBED AND SWORN to before me this

affiant exhibiting his/her validly issued government ID as indicated above.

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Book No. XXIV  
Series of 2022



ATTY. BARBETTE JOANNE B. REPOSAR  
NOTARY PUBLIC for Tacloban City and Leyte  
NC 2021-07-81, Until December 31, 2022  
Montejo St., and Cor. Pío Pedrosa Ave.,  
Brgy. Sta. Cruz Palo, Leyte  
Roll No. 72388 / June 14, 2019  
IBP No. 198509 / January 4, 2022  
MCLE No. VII-0005023 / July 16, 2021 / Pasig City

Person Administering Oath