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## **PERSONAL DATA SHEET**

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filling 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. (Do not fill up. For CSC use only) 2. SURNAME CAPUNO AME EXTENSION (JR., SR) FIRST NAME CHRISTELLE VENUS MIDDLE NAME FELICILDA 3. DATE OF BIRTH 16. CITIZENSHIP 7 Filipino Dual Citizenship (mm/dd/yyyy) by birth by naturalization 4. PLACE OF BIRTH BAYBAY CITY, LEYTE If holder of dual citizenship. Pls. indicate country: please indicate the details. 5. SEX Male √ Female \* 17. RESIDENTIAL ADDRESS Apt 42 6 CIVIL STATUS Single Married Kilboume ise/Block/Lot No Street Widowed Separated VSU Cam Pangasugar Other/s: Subdivision/Village Barangay 7. HEIGHT (m) 1.63 City/Municipality Province 8. WEIGHT (kg) 70.00 ZIP CODE 6521 18. PERMANENT ADDRESS Apt 42 9. BLOOD TYPE B+ se/Block/Lot No Street VSU Campus Pangasugai 10. GSIS ID NO. 2006190382 Subdivision/Village Barangay Baybay City 11. PAG-IBIG ID NO. 121308888625 Levte City/Municipality 12. PHILHEALTH NO. 01-026597931-4 ZIP CODE 6521 13. SSS NO. N/A 19. TELEPHONE NO. (053) 563-8935 14. TIN NO. 605-268-653 20. MOBILE NO. +639175775747 15. AGENCY EMPLOYEE NO V02058 21. E-MAIL ADDRESS (# anvi christelle.capuno@vsu.edu.ph II. FAMILY BACKGROUND 22. SPOUSES SURNAME N/A 23. NAME of CHILDREN, Alvite full name and list all DATE OF BIRTH (mm/dd/ww) NAME EXTENSION (JR., SR) N/A FIRST NAME N/A N/A MIDDLE NAME N/A OCCUPATION N/A N/A FMPL OVER/BUSINESS NAME BUSINESS ADDRESS N/A TELEPHONE NO. N/A FATHER'S SURNAME CAPUNO NAME EXTENSION (JR., SR) FIRST NAME OTHELLO BATULAN MIDDLE NAME 25. MOTHER'S MAIDEN NAME FELICILDA FIRST NAME RUFINA LAGIMBAY MIDDLE NAME (Continue on separate sheet if necessary) SCHOLARSHIP HIGHEST LEVEL/ PERIOD OF ATTENDANCE NAME OF SCHOOL BASIC EDUCATION/DEGREE/COLIRSE ACADEMIC LEVEL UNITS EARNED (Write in full) (Write in full) GRADUATED HONORS (if not graduated) From RECEIVED ELEMENTARY Visca Foundation Elementary School Primary Education 2001 2007 2007 aledictorian et in Leader SECONDARY Visayas State University Laboratory High School High School Ath High Honor 2007 2011 2011 VOCATIONAL / TRADE COURSE N/A N/A N/A N/A COLLEGE University of Santo Tomas Bachelor of Science in Pharmacy 2011 2015 2015 None University of the East Ramon Magsaysay Memorial GRADUATE STUDIES Doctor of Medicine 2020 2016 2020 None SIGNATURE DATE

RA 3322 (Physician Licensure Exam)  Other PRIST, Bovenhor 12, 2821  Nanisi, Philippines  15885  774424  Nanisi, Philippines  15885  Nanisi		ELIGIBILITY / DR	4 46	(If Applicable)	CONFERMENT PLACE OF EARWING TOWN PERMENT		NUMBER	Date of Validity		
November 1-2, 2021 Manila, Philippines 156881 7/14/24  V. WORK EXPERIENCE (Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.  NICLUSIVE DATES (Invited in full Do not abbreviate)  Position To (White in full Do not abbreviate)  Prime To Medical Officer III Visayas State University 62,448.00 21-1 Casual Y  6/17/22 6/18/22 Annual Physical Exam Doctor HealthFirst Clinic 3200/day N/A Temporary N  5/25/22 6/1/22 Annual Physical Exam Doctor HealthFirst Clinic 3200/day N/A Temporary N	RA 59	21 (Pharmacist I	Licensure Exam)			Manila, Philippines		67549	7/14/18	
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18/3/22 PRESENT Medical Officer III Visayas State University 62,449.00 21-1 Casual Y 6/17/22 6/18/22 Annual Physical Exam Doctor HealthFirst Clinic 3200/day N/A Temporary N 5/25/22 6/1/22 Annual Physical Exam Doctor HealthFirst Clinic 3200/day N/A Temporary N	es. INCLI	USIVE DATES m/dd/yyyy)	POSITION TIT	LE	DEPARTMENT / AGEN	ICY / OFFICE / COMPANY	MONTHLY	SALARY/JOB/PAY GRADE (#applicable) & STEP (Formet*88-6*)/		
6/17/22 6/18/22 Annual Physical Exam Doctor HealthFirst Clinic 3200/day N/A Temporary N 5/25/22 6/1/22 Annual Physical Exam Doctor HealthFirst Clinic 3200/day N/A Temporary N			Medical Office	er III	Visavas St	ate University	62,449.00		Casual	Y
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VI. VOLUNTARY WORK OR INVOLVEMENT  NAME & ADDRESS OF			OLUNTARY OF SIVE DATES	RGANIZATION/	S		
29. NAME & AUDRESS OF (Write in fi		(mmidd/yyyy) Numer of Hours From To		POSITION / NATURE OF WORK			
Alliance for Improving Health Outcomes Inc. (AIHO) Room 406, Veria 1 Building, #62 West Avenue, West Triangle, Quezon City 1104			7/20/18	40.0	Immersion at Limasawa, Southern Leyte		
UERM MedKom 64 Aurora Blvd. Doňa Imelda, Quezon City Philippines 1113			3/24/18	8.0	Medical Mission at Rodriguez, Rizal		
TFUC Task Force Paghihilom, Kadamay-Pandi and UERM MedKom 64 Aurora Blvd. Doña Imelda, Quezon City Philippines 1113		4/13/19	4/13/19	8.0		Medical Mission at Pandi, Bulacan	
	E	onlinue on separali	sheel if necessary				
VII. LEARNING AND DEVELOPMENT (L&D	) INTERVENTIONS/TRAINING P	ROGRAMS AT	TENDED				
30. TITLE OF LEARNING AND DEVELOPMENT IN (Write in fi		and the process deciding a sweet are recognised to		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etg)	CONDUCTED/ SPONSORED BY (Write in full)	
Advanced Cardiovascular	Life Support	5/4/22	To 5/4/22	8.0	Technical	Academy of Emergency Sciences	
Basic Life Supp	ort	5/2/22	5/2/22	8.0	Technical	Academy of Emergency Sciences	
COVID Crisis Care: A Cross-Discipli	nary Case Discussion	9/24/20	9/24/20	2.0	Informative	Motes Opelija Hagnital Haldings Iva	
Basic Life Supp	ort	12/15/18	12/15/18	8,0	Technical	Metro Pacific Hospital Holdings Inc. University of the East-RMMMCI	
Basic Life Supp	ort	5/11/17	5/11/17	8.0	Technical	UST FMS Life Support Training Center	
Philippine Pharmaceutical Re-	search Congress	2/20/15	2/21/15	16.0	Informative	UST Research Cluster for Natural and Applied Sciences	
S. Security Bridge A. A. Security Co., 1997.	ist area plan pija taa Alims. Ta niikaan kamaan pisti kan ja Alimaan kamaan kan ja kan ah						
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and delegations					ES ( M Vall		
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VIII. OTHER INFORMATION	Co	ntinus on soperate	sheet it necessary)				
31. SPECIAL SIGLLS and HOBBIES	32. NO		NCTIONS / RECOGNI	TION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION	
Computer savvy		33. (Write in full)					
Sports enthusiast	HE COMOS BOD OF BOY DWG TANK		UERM MedKom				
Basic Korean and Italian language						Junior Pharmacists' Association	
and the tent of th	0.00				nes s et	Faculty of Pharmacy Student Council	
processing and analysis of the				1 和花台	Standays S		
				BASS			
	(Con	ilinue un separate s	sheet if necessary)				
SIGNATURE				DAT	E		
o Class of the community of the Care	manufacture of the allegations	100			1179	CS FORM 212 (Revised 2017), Page 3 of 4	

34. Are you related by consanguinity or affinity to the appointing of chief of bureau or office or to the person who has immediate separate or Department where you will be appointed.						
a. within the third degree?	YES .	NO NO				
b. within the fourth degree (for Local Government Unit - Care	b. within the fourth degree (for Local Government Unit - Career Employees)?					
And the second s		If YES, give details:	and the second of the second o			
35. a. Have you ever been found guilty of any administrative offer	☐ YES ☐	/ NO				
	If YES, give details:	<u> </u>				
b. Have you been criminally charged before any court?	YES	./ NO				
	If YES, give details:					
Strate Rose on strong state (Rosegon, in	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	T YES	√ NO			
any court or tribunal?		If YES, give details:	-7] NO			
37. Have you ever been separated from the service in any of the	ollowing modes: resignation, retirement,	YES , NO				
dropped from the rolls, dismissal, termination, end of term, fini the public or private sector?	shed contract or phased out (abolition) in	IFYES, give details:				
38. a. Have you ever been a candidate in a national or local elect	ion held within the last year (except	☐ YES	NO NO			
Barangay election)?		If YES, give details:	<u> </u>			
b. Have you resigned from the government service during the	three (3)-month period before the last	YES	·/ NO			
election to promote/actively campaign for a national or local c		If YES, give details:				
39. Have you acquired the status of an immigrant or permanent re	esident of another country?	YES	·/ NO			
		If YES, give details (cou	untry):			
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magnand (c) Solo Parents Welfare Act of 2000 (RA 8972), please at	a Carta for Disabled Persons (RA7277);					
a. Are you a member of any indigenous group?		☐ YES	7 NO			
b. Are you a person with disability?		If YES, please specify:				
We you a person with disability?		If YES, please specify ID N	√ NO			
c. Are you a solo parent?		YES , NO				
		If YES, please specify ID N	ło:			
41. REFERENCES (Person not related by consanguinity or affinity to applicant /ap	pointee)					
NAME	ADDRESS	TEL. NO.	ID picture taken within			
Dr. Kenneth E. Cantalejo	Lot 4D Blk 26 Chestnut Street West Fairview Subd., Fairview, Quezon City	9064872328	the last 6 months 4.5 cm. X 3.5 cm (passport size)			
Dr. Reubenne A. Candelario	Block 33, Lot 29 Soldiers Village, Putatan Muntinlupa City	9174759524	(hassbort size)			
Lualhati M. Noriel	92 Lantican St., Jubileeville Subdivision,	9171793130	Computer generated or photocopied picture			
42. I declare under oath that I have personally accomplished this	Brgy, Masaya, Bay, Laguna Personal Data Sheet which is a true, corre	ct and complete	is not acceptable			
statement pursuant to the provisions of pertinent laws, rules ar	nd regulations of the Republic of the Philipp	ines. I authorize				
the agency head/authorized representative to verify/valid misrepresentation made in this document and its attachment	ate the contents stated herein.	agree that any	PHOTO			
against me.						
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)			Market Barrer			
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## **WORK EXPERIENCE SHEET**

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

- 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 from most recent first.
- Duration: October 3,2022 Present
- Position: Medical Officer III
- Name of Office/Unit: University Services for Health, Emergency and Rescue (USHER)
- Name of Agency/Organization and Location: Visayas State University
- List of Accomplishments and Contributions (if any)
  - Conduct medical and physical examination of new and old students and employees, conduct medical consultation for OPD patients
  - Admit patients and do necessary follow-up and referrals when needed
  - o Create health programs and organize and conduct health promotion activities
- Summary of Actual Duties
  - o Conduct medical and physical examination of students and employees
  - o Consult/admit patients and perform necessary follow-up and referrals when needed
  - Organize and conduct health promotion activities
- Duration: June 17-18, 2022
- Position: Annual Physical Exam Doctor
- Name of Office/Unit: HealthFirst Clinic
- Name of Agency/Organization and Location: Health Delivery System Inc., Williams Building, Greenfield District, Mandaluyong City
- List of Accomplishments and Contributions (if any)
  - Interpret laboratory results of employees,
  - Recommend employees if fit to work
  - Refer patients with abnormal results to the appropriate specialist
- Summary of Actual Duties
  - Conduct Annual Physical Exam to the UNILAB employees

- Duration: May 25, 2022 June 1, 2022
- Position: Annual Physical Exam Doctor
- Name of Office/Unit: HealthFirst Clinic
- Name of Agency/Organization and Location: Health Delivery System Inc., Williams Building, Greenfield District, Mandaluyong City
- List of Accomplishments and Contributions (if any)
  - Interpret laboratory results of employees
  - Recommend employees if fit to work
  - Refer patients with abnormal results to the appropriate specialist
- Summary of Actual Duties
  - o Conduct Annual Physical Exam to the UNILAB employees
- Duration: December 3, 2021
- · Position: Annual Physical Exam Doctor
- · Name of Office/Unit: MyHealthWay Clinic
- Name of Agency/Organization and Location: MyHealthWay Clinic, St. Patrick's Square, 566
   Shaw Boulevard, Mandaluyong City
- List of Accomplishments and Contributions (if any)
  - Conduct annual physical exam including pap smear and DRE
- Summary of Actual Duties
  - Conduct Annual Physical Exam to construction workers

(Signature over Printed Name of Employee/Applicant)

Date: 11/17/12