

## PERSONAL DATA SHEET

**WARNING:** Any misinterpretation 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	IGOT		
FIRST NAME	TIRSO	NAME EXTENSION (JR., SR) JR	
MIDDLE NAME	ENDRINA		
3. DATE OF BIRTH (mm/dd/yyyy)	12/27/1979	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 checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	5" ft.		House/Block/Lot No. Street PANGASUGAN
8. WEIGHT (kg)	65 kgs.	ZIP CODE	6521
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	
10. GSIS ID NO.	02004796896		House/Block/Lot No. Street PANGASUGAN
11. PAG-IBIG ID NO.	916194967850		Subdivision/Village Barangay BAYBAY CITY LEYTE
12. PHILHEALTH NO.	1302-5276-3210	ZIP CODE	6521
13. SSS NO.	N/A	19. TELEPHONE NO.	
14. TIN NO.	104-819-391	20. MOBILE NO.	
15. AGENCY EMPLOYEE NO.	V-00892	21. E-MAIL ADDRESS (if any)	

## II. FAMILY BACKGROUND

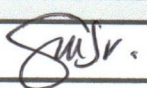
22. SPOUSE'S SURNAME	IGOT		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JUDITH	NAME EXTENSION (JR., SR) JR.	JAMES IVAN F. IGOT	12/08/2010
MIDDLE NAME	FLORESCA		JOHN ANGELO F. IGOT	09 / 19 / 2011
OCCUPATION	HOUSEWIFE		JUN MARK F. IGOT	09 / 16 / 2012
EMPLOYER/BUSINESS NAME	VISAYAS STATE UNIVERSITY		JOSEPHINE MARIE F. IGOT	05/09/2013
BUSINESS ADDRESS	BRGY. PANGASUGAN, VSU, BAYBAY CITY, LEYTE		JANNA MARIA F. IGOT	10/11/2015
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	IGOT			
FIRST NAME	TIRSO	SR		
MIDDLE NAME	POSAS			
25. MOTHER'S MAIDEN NAME				
SURNAME	ENDRINA			
FIRST NAME	MARIA			
MIDDLE NAME	MARANGUIT			

(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	PANGASUGAN ELEMENTARY SCHOOL	PRIMARY LEVEL			GRADUATED	1994	N/A
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	SECONDARY LEVEL			GRADUATED		
VOCATIONAL / TRADE COURSE	N/A	N/A					
COLLEGE	VISAYAS STATE UNIVERSITY	N/A			N/A	N/A	N/A
GRADUATE STUDIES	N/A	N/A			N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	07/15/2019
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[illegible]

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

[illegible]

SIGNATURE		DATE	07/15/2019
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Sus.

07/15/2019



29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	Pre-Deployment Training/Active Duty Training SY2018-2019	May-29	June 4, 2018	48	Sgt. LE-R13-000030 PA (Res)
	Advance and Basic ROTC Training of Visayas State Univ. ROTC Unit	2015	08/07/1905		Tactical NCO/Instructor
	Support Rendered to the National Service Training Program (NSTP)	08/07/1905	09/07/1905		Reserve Officer Training Corps (ROTC) Component, 804th Community Defense Center

**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			

[illegible]

VIII. OTHER INFORMATION

[illegible]

SIGNATURE	<i>[Signature]</i>	DATE	07/15/2019
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