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 boxe			te N/A if not applicable. DO NO			1. CS ID No.		(Do not fill up. F	or CSC use only)	
I. PERSONAL INFORMATIO	ON									
2. SURNAME	SURNAME BERRAME									
FIRST NAME	MILDRED NAME EXTENSION (JR., SR)									
MIDDLE NAME	AVELLANA									
DATE OF BIRTH (mm/dd/yyyy)	2/6/1976		16. CITIZENSHIP		☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ I			by naturaliz	hy naturalization	
4. PLACE OF BIRTH	Baybay	, Leyte		If holder of dual citizenship,			Pls. indicate country:			
5. SEX	☐ Male	▼ Female	please indicate the d	please indicate the details.						
6 CIVIL STATUS	☐ Single ☐ Married ☐ Widowed ☐ Separated		17. RESIDENTIAL ADDRESS Hou		ouse/Block/Lot No.			Zone 15 Street Calubian		
	Other/s:			Si	Subdivision/Village Baybay			Barangay Leyte		
7. HEIGHT (m)	1.52				City/Municipality			Province		
8. WEIGHT (kg)	58	kg	ZIP CODE		6521		6521	745		
9. BLOOD TYPE	0)	18. PERMANENT ADDRESS	Но	House/Block/Lot No.			Zone 15 Street		
10. GSIS ID NO.	LP 76020	0601015		Sut		Subdivision/Village		Calubian Barangay		
11. PAG-IBIG ID NO.	1700-002	28-9695	ang of directions		Baybay City/Municipality			Leyte Province		
12. PHILHEALTH NO.	13-000059526-9		ZIP CODE		6521					
13. SSS NO.	N/A		19. TELEPHONE NO.		053 5639468			erd og r		
14. TIN NO.	936-122-684		20. MOBILE NO.		09175669351					
15. AGENCY EMPLOYEE NO.	V000	575	21. E-MAIL ADDRESS (if any)		dredavellana@yahoo.com					
II. FAMILY BACKGROUND										
22. SPOUSE'S SURNAME		Berrame (decease	•	23. NAME of Ch	HILDREN (Write	full name and l	ist all)	DATE OF BIRT	H (mm/dd/yyyy)	
FIRST NAME	Eden		NAME EXTENSION (JR., SR)		Shan Bryan A. Berrame			7/12/1997		
MIDDLE NAME	Senina				Dianelle A. Berrame 12		12/16	6/1998		
OCCUPATION	N/A N/A									
EMPLOYER/BUSINESS NAME										
BUSINESS ADDRESS	N/A									
TELEPHONE NO.		N/A								
24. FATHER'S SURNAME		Aveilana	NAME EXTENSION (JR., SR)							
FIRST NAME	Leo		TOWNE EXTENSION (dr., 51)							
MIDDLE NAME		Manlubatan								
25. MOTHER'S MAIDEN NAME			· · · · · · · · · · · · · · · · · · ·				·			
SURNAME FIRST NAME		Aboyme								
MIDDLE NAME		Decena		(Continue on separate sheet			varata chaot if nacae	eand		
III. EDUCATIONAL BACKO	ROUND	Decella			Į¢.	onunde on sej	al ate sheet il neces	sary)		
			or was a series of the Bernard Series and the series				LUQUEST LEVEL		SCHOLARSHIP/	
26. LEVEL	NAME OF: (Write i		BASIC EDUCATION/DEGRI (Write in full)	EE/COURSE	PERIOD OF	ATTENDANCE	UNITS EARNED (if not graduated)	YEAR GRADUATED	ACADEMIC HONORS	
					From	То			RECEIVED	
ELEMENTARY	Baybay South Central School		Primary Education				graduated	1989	N/A	
SECONDARY	Baybay High School		Secondary Education				graduated	1993	N/A	
VOCATIONAL / TRADE COURSE	NI	Α	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	Holy Infant Colleg	e, Tacloban City	(Midwifery			graduated	1995	N/A	
GRADUATE STUDIES	GRADUATE STUDIES N/A		N/A		N/A	N/A	N/A	N/A	N/A	
	21-6	1 0	1		1	0.17	2 . 1			

M. Bename

July 24,2017

CAREE	ER SERVICE/ RA 1080	(BOARD/ BAR) UNDER	RATING	DATE OF				LICENSE (if a	
BAF	SPECIAL LAWS/ (RANGAY ELIGIBILITY /		(If Applicable)	EXAMINATION / PLACE OF EXAMINA CONFERMENT		TION / CONFERMENT		NUMBER	Date of Validity
Midwifery		76.9	November 12 and 19, 1995 Manila an		nd Davao		0116422	2/6/201	
								-	
Marine Marine Control of the Control									
			(Co	ntinue on separate sheet if i	necessary)				
	XPERIENCE ate employment.	Start from your recei	nt work) Descripti	on of duties should be	indicated in the attach	ed Work Ex	perience shee	et.	
	USIVE DATES m/dd/yyyy) To	POSITION T (Write in full/Do not			CY / OFFICE / COMPANY o not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
1/1/2004	present	Nursing Atte	ndant I	Visayas State Univer	252/day	NOTE MENT	Casual	Y	
3/16/2000	6/6/2002	Registered N	lidwife	Bagbaguin Family Hospital, Caloocan City		8000.00		Permanent	N
1/2/1996	11/30/1996	Volunteer M	idwife	Rural Health Uni	t II, Baybay, Leyte	N/A		Volunteer	Y
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3.85									
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VOLUNTARY WORK OR INVOLVEMENT	IN CIL GOVERNMENT			URGANIZATI	-0-1	
	(Aleita in full)		INCLUSIVE DATES (mm/dd/yyyy)		POSITION / NATURE OF WORK	
3		From To			and the second	2.2.450 2.70 p. 00, 40 pg 00 p. 2.70 pg 1.2.980
N/A		N/A	N/A	N/A		N/A
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LEARNING AND DEVELOPMENT (L&D)		ofinue on separate of	STREET, SQUARE, SQUARE	1)		
t from the most recent L&D/training program and inclu		for the last five (5)	years for Division	Chief/Executive/Ma	nagerial positions	
TITLE OF LEARNING AND DEVELOPMENT INTE (Write in full)		ATTEN	DATES OF IDANCE Id/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
Basic Life Support		10/19/2015	10/21/2015	N/A	N/A	Philippine Red Cross
Environmental Health Sa	anitation	2/7/2013	2/8/2013	N/A	N/A	Local Government Unit, Baybay City, Le
Basic Life Support Training Heal	thcare Providers	3/14/2012	3/16/2012	N/A	N/A	Department of Health
Chicago Col Service	J - 40 - 50 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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OTHER INFORMATION	T oo NO	WACADENIC DIST	Metholiethkiego	ONITION		22 WEWDENSHIE IN ASSOCIATION ON ONLY
SPECIAL SKILLS and HOBBIES N/A	32. Alvita in full) N/A N/A N/A N/A				(Write in full)	
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	(Co	ntinue on separate	sheet if necessar	מ		
SIGNATURE	M. Bename	(A) (A) (A)	DATE		luly 24,2017	CS FORM 212 (Revised 2017), Page

34.		recommending authority, or to the pervision over you in the Office,				
	Bureau or Department where you will be apppoint,	and the control of the second				
	a. within the third degree?b. within the fourth degree (for Local Government Unit - Career	☐ YES ☑ NO ☐ YES ☑ NO If YES, give details:				
25	a. Have you ever been found guilty of any administrative offense	22				
30.	a. Have you ever been found guilty of any administrative official		☐ YES ☑ NO If YES, give details:			
	b. Have you been criminally charged before any court?		☐ YES ☑ NO If YES, give details:			
			Date Filed: Status of Case/s:			
36	Have you ever been convicted of any crime or violation of any la	w, decree, ordinance or regulation by	☐ YES ☑ NO			
	any court or tribunal?		If YES, give details:			
37.	Have you ever been separated from the service in any of the foll	lowing modes: resignation, retirement,	☐ YES ☑ NO			
The second second	dropped from the rolls, dismissal, termination, end of term, finish in the public or private sector?	ned contract or phased out (abolition)	If YES, give details:			
38.	A. Have you ever been a candidate in a national or local election Barangay election)?	☐ YES ☑ NO If YES, give details:				
	b. Have you resigned from the government service during the the election to promote/actively campaign for a national or local can	☐ YES ☑ NO If YES, give details:				
39.	Have you acquired the status of an immigrant or permanent resi	☐ YES ☑ NO If YES, give details (country):				
40. a. b.	Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), ple Are you a member of any indigenous group? Are you a person with disability? Are you a solo parent?		☐ YES ☑ NO If YES, please specify: ☐ YES ☑ NO If YES, please specify ID No: ☐ YES ☑ NO If YES, please specify ID No:			
41.	REFERENCES (Person not related by consanguinity or affinity to applicant /ap	ppointee)	ii 1 E.S., produce specify ID 140.			
	NAME	ADDRESS	TEL. NO.			
	Elwin Jay V. Yu, MD	Visayas State University Hospital	5637510			
who were	Josephine O. Zafico, MD	Visayas State University Hospital	5637510			
42.	I declare under oath that I have personally accomplished this Postatement pursuant to the provisions of pertinent laws, rules and the agency head / authorized representative to verify/vali misrepresentation made in this document and its attachments against me.	regulations of the Republic of the Phil idate the contents stated herein. I	agree that any MILDRED A. BERRAME			
P	overnment Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) LEASE INDICATE ID Number and Date of Issuance overnment Issued ID: Professional Regulations Commission	M. Berame				
ID	//License/Passport No.: 0116422	Signature (Sign inside the bo	x)			
Da	ate/Place of Issuance: PRC Tacloban	July 24,2017 Date Accomplished	Right Thumbmark			
100	SUBSCRIBED AND SWORN to before me this	2017 , affiant exhibiting	g his/her validly issued government ID as indicated above.			
		Main				
	AII	Y. RYSANC. GUINOCOR	Section 2			
	UNT	DECE Person Administering Oath				

1BP 103L 924 - TACLUBAN GITY - 12/19/16 MCLE COMP. NO. V-00F2 20-07/20/15 ROLL OF ATTORNEYS NO. 57467

WORK EXPERIENCE SHEET

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

2. The duration should include start and fiish dates, if known, month in abbreviation 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.

experience should be listed from most rece	nt first.
 Position: Name of Office/Unit: Immediate Supervisor: Name of Agency/Organization and Location: 	November 1, 2004 - July 31, 2017 Nursing Affendant Vou Hospital Dorrs Braganza Nisayas State University Visca Baybay Leyte any) Flu conduct of annual tractine medical evan the conduct of annual
 Duration: Position: Name of Office/Unit: Immediate Supervisor: Name of Agency/Organization and Location: List of Accomplishments and Contributions (if a spirit of Students of Students of Students of Summary of Actual Duties Assist in the delivered 	haspital based lectures to OPO + admitted patient
	M. Berrame, RM Lic. No. 0116422 Signature over Printed Name of Employee/Applicant Date: