

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	BERRAME		
FIRST NAME	MILDRED	NAME EXTENSION (JR., SR)	
MIDDLE NAME	AVELLANA		
3. DATE OF BIRTH (mm/dd/yyyy)	2/6/1976	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	Baybay, 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 type="checkbox"/> Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Zone 15 House/Block/Lot No. Street Calubian Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	1.524 m	ZIP CODE	6521
8. WEIGHT (kg)	58 kg		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	Zone 15 House/Block/Lot No. Street Calubian Subdivision/Village Barangay Baybay Leyte City/Municipality Province
10. GSIS ID NO.	LP 76020601015	ZIP CODE	6521
11. PAG-IBIG ID NO.	1700-0028-9695		
12. PHILHEALTH NO.	13-000059526-9	19. TELEPHONE NO.	053 5639468
13. SSS NO.	N/A	20. MOBILE NO.	09175669351
14. TIN NO.	936-122-684	21. E-MAIL ADDRESS (if any)	dredavellana@yahoo.com
15. AGENCY EMPLOYEE NO.	V000575		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Berrame (deceased)		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Eden	NAME EXTENSION (JR., SR)	Shan Bryan A. Berrame	7/12/1997
MIDDLE NAME	Senina		Dianelle A. Berrame	12/16/1998
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	Avellana			
FIRST NAME	Leonel	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Manlubatan			
25. MOTHER'S MAIDEN NAME				
SURNAME	Aboyme			
FIRST NAME	Carmen			
MIDDLE NAME	Decena		(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	Baybay South Central School	Primary Education			graduated	1989	N/A
SECONDARY	Baybay High School	Secondary Education			graduated	1993	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Holy Infant College, Tacloban City	Midwifery			graduated	1995	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

M. Berrame July 24, 2017

[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]

M. Benane July 24, 2014

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIL GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE	M. Benamie	DATE	July 24, 2017	CS FORM 212 (Revised 2017), Page 3 of 4
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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)?

☐ YES☒ NO

☐ YES☒ 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?

☐ YES☒ NO

If YES, give details:

☐ 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 law, decree, ordinance or regulation by any court or tribunal?

☐ YES☒ 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?

☐ YES☒ 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?

☐ YES☒ NO

If YES, give details:

☐ YES☒ NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES☒ 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?

☐ 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 /appointee)

NAME	ADDRESS	TEL. NO.
Elwin Jay V. Yu, MD	Visayas State University Hospital	5637510
Josephine O. Zafico, MD	Visayas State University Hospital	5637510

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: Professional Regulations Commission

ID/License/Passport No.: 0116422

Date/Place of Issuance: PRC Tacloban

M. Berrame

Signature (Sign inside the box)

July 24, 2017

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this JUL 31 2017, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. RYSANG C. GUINOCOR

NOTARY PUBLIC

UNTIL DECEMBER 31, 2017

PERSON ADMINISTERING OATH

STR. 019 - 215 - BAYBAY/LEYTE - 7/12/17

IBP 103,824 - TACLOBAN CITY - 12/19/16

MCLE COMP. NO. V-0005580-07/20/15

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 finish 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.

Position Applied:

- Duration:
- Position:
- Name of Office/Unit:
- Immediate Supervisor:
- Name of Agency/Organization and Location:

November 1, 2004 - July 31, 2017

Nursing Attendant

VSU Hospital

Doris Braganza

Visayas State University

Visca Baybay Leyte

- List of Accomplishments and Contributions (if any)

- Assist the nurses in the conduct of annual & routine medical exam of students & employees & other clients
- Performed Tepid sponge bath, bed making & Vital sign of patients
- Assist the conducts of hospital based lectures to OPD & admitted patients

- Summary of Actual Duties

- Assist in the delivery in nursing services

- Duration:
- Position:
- Name of Office/Unit:
- Immediate Supervisor:
- Name of Agency/Organization and Location:

November 1, 2004 - July -31, 2017

Nursing Attendant

VSU Hospital

Doris Braganza

Visayas State University

Visca Baybay Leyte

- List of Accomplishments and Contributions (if any)

- Assist the nurses in the conduct of annual & routine medical exam of students & employees & other clients.
- Assist the conducts of hospital based lectures to OPD & admitted patients

- Summary of Actual Duties

- Assist in the delivery in nursing services

M. Berrame

Mildred A. Berrame, RM
Lic. No. 0116422

Signature over Printed Name
of Employee/Applicant

Date:

8/16/17