

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 () ☐ 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	TABADA		
FIRST NAME	SARAH AURORA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	WARQUE		
3. DATE OF BIRTH (mm/dd/yyyy)	2/18/1995	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details.	<input type="checkbox"/> by birth <input type="checkbox"/> by naturalization
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Pls. indicate country:
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	APT 5 N/A
7. HEIGHT (m)	1.54	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	60.8		VISCA PANGASUGAN
9. BLOOD TYPE	B+		Subdivision/Village Barangay
10. GSIS ID NO.	N/A		BAYBAY LEYTE
11. PAG-IBIG ID NO.	RTN NO. 921211759893		City/Municipality Province
12. PHILHEALTH NO.	13-025489444-4	18. PERMANENT ADDRESS	APT 5 N/A
13. SSS NO.	06-4313907-9	ZIP CODE	House/Block/Lot No. Street
14. TIN NO.	600-464-042		VISCA PANGASUGAN
15. AGENCY EMPLOYEE NO.	N/A		Subdivision/Village Barangay
			BAYBAY LEYTE
			City/Municipality Province
		19. TELEPHONE NO.	N/A
		20. MOBILE NO.	09317285031
		21. E-MAIL ADDRESS (if any)	sawt20md@gmail.com

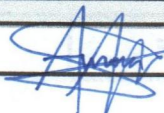
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A		N/A	N/A
OCCUPATION	N/A		N/A	N/A
EMPLOYER/BUSINESS NAME	N/A		N/A	N/A
BUSINESS ADDRESS	N/A		N/A	N/A
TELEPHONE NO.	N/A		N/A	N/A
24. FATHER'S SURNAME	TABADA		N/A	N/A
FIRST NAME	WINSTON	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	MEMBREBE		N/A	N/A
25. MOTHER'S MAIDEN NAME			N/A	N/A
SURNAME	WARQUE		N/A	N/A
FIRST NAME	MARIA AURORA TERESITA		N/A	N/A
MIDDLE NAME	ROLDAN		(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	VISCA FOUNDATION ELEMENTARY SCHOOL	PRIMARY EDUCATION	6/1/2001	3/1/2007	N/A	2007	N/A
SECONDARY	VISAYAS STATE UNIVERSITY LABORATORY HIGH SCHOOL	SECONDARY EDUCATION	6/1/2007	3/1/2011	N/A	2011	HONORABLE MENTION
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	UNIVERSITY OF THE PHILIPPINES CEBU	BACHELOR OF SCIENCE IN BIOLOGY	6/1/2011	6/1/2015	N/A	2015	N/A
COLLEGE	UNIVERSITY OF CEBU COLLEGE OF MEDICINE FOUNDATION, INC.	MEDICINE	6/1/2015	6/1/2019	N/A	2019	N/A


(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 9, 2021
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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	AUGUST 9, 2021
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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				

(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			
	Cardio and Renal Protection in Hypertensive Patients	7/19/2021	7/19/2021	1	Technical	University of the Philippines Medical Alumni Society
	Parenteral Nutrition in Surgery	7/2/2021	7/2/2021	1.0	Technical	University of the Philippines Medical Alumni Society
	Ospital ng Makati Emergency Medicine 6th Post Graduate Course	6/24/2021	6/25/2021	11	Technical	Delex Pharma and Ospital ng Makati Department of Emergency Medicine
	PICU MRT 5th Station: Pediatric Mechanical in Focus: "Respiratory Support Made Easy: The Basics of Mechanical Ventilation" and "Troubleshooting in Mechanical Ventilation"	6/23/2021	6/23/2021	2	Technical	Delex Pharma
	How to Save a Life: Acute Coronary Syndrome Management	6/18/2021	6/18/2021	1	Technical	University of the Philippines Medical Alumni Society
	Management of Abnormal Uterine Bleeding due to Ovarian Dysfunction	6/16/2021	6/6/2021	1	Technical	University of the Philippines Medical Alumni Society
	All Bases Covered for Diabetes: From Heart to Kidney	6/14/2021	6/14/2021	1	Technical	University of the Philippines Medical Alumni Society
	2nd Scientific Symposium High Yield Pediatrics	6/14/2021	6/15/2021	10	Technical	Delex Pharma and Ospital ng Makati Department of Pediatrics
	Vulvovaginitis: Updates in Diagnosis and Management	6/9/2021	6/9/2021	1	Technical	University of the Philippines Medical Alumni Society
	Incidence and Management of Traumatic Brain Injury	6/9/2021	6/9/2021	2	Technical	Delex Pharma
	Cost Effectiveness of Intensiveness Hypertension Control	6/4/2021	6/4/2021	1	Technical	University of the Philippines Medical Alumni Society
	Optimizing Nutrition and Blood Health for Women	5/17/2021	5/17/2021	1	Technical	University of the Philippines Medical Alumni Society
	Updates in the Treatment of Nosocomial Pneumonia in the ICU	5/12/2021	5/12/2021	1	Technical	University of the Philippines Medical Alumni Society
	SICU Procedures: Central Venous Catheter and Arterial Line Placement and Sedating Patients in the ICU: The top	4/21/2021	4/21/2021	2	Technical	Delex Pharma
	Topnotch Medical Moonlighting and Pre-Residency Seminar: Online	12/2/2020	12/14/2020	25	Technical	Topnotch Medical Board Prep
	eLearning Course on Medical Certification of Cause of Death	4/17/2020	4/17/2020	1	Technical	University of the Philippines Manila College of Medicine
	Basic Life Support	6/3/2019	6/3/2019	4	Technical	University of Cebu Medical Center, Inc.
	Advanced Cardiac Life Support	6/3/2019	6/4/2019	8	Technical	University of Cebu Medical Center, Inc.










(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	Arts and Crafts		N/A		Philippine Medical Association

(Continue on separate sheet if necessary)

SIGNATURE		DATE	August 9, 2021
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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)?	<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 type="checkbox"/> YES <input checked="" type="checkbox"/> 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?	<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)													
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>DR. FLORENTINO BERDIN, JR.</td><td>UC SCHOOL OF MEDICINE, MANDAUE CITY, CEBU</td><td>09989713719</td></tr><tr><td>DR. GLADDYS CHRISTIAN DELA TORRE</td><td>UC SCHOOL OF MEDICINE, MANDAUE CITY, CEBU</td><td>09999981697</td></tr><tr><td>DR. MELFER MONTOYA</td><td>UC SCHOOL OF MEDICINE, MANDAUE CITY, CEBU</td><td>(032) 238-8888</td></tr></tbody></table>		NAME	ADDRESS	TEL. NO.	DR. FLORENTINO BERDIN, JR.	UC SCHOOL OF MEDICINE, MANDAUE CITY, CEBU	09989713719	DR. GLADDYS CHRISTIAN DELA TORRE	UC SCHOOL OF MEDICINE, MANDAUE CITY, CEBU	09999981697	DR. MELFER MONTOYA	UC SCHOOL OF MEDICINE, MANDAUE CITY, CEBU	(032) 238-8888
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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.													
<table><tr><td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PRC ID</td><td></td></tr><tr><td>License: 0153151</td><td></td></tr><tr><td>Date/Place of Issuance: 05 JAN 2021 / PRC ORMOC CITY</td><td></td></tr></table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID: PRC ID		License: 0153151		Date/Place of Issuance: 05 JAN 2021 / PRC ORMOC CITY		<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>9 August 2021</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	9 August 2021	Date Accomplished
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SUBSCRIBED AND SWORN to before me this <u>11 AUG 2021</u> , affiant exhibiting his/her validly issued government ID as indicated above.													
<table><tr><td></td></tr><tr><td>ATTY. RYSAN L. GUINOCOR VSU Chief Legal Officer</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN L. GUINOCOR VSU Chief Legal Officer	Person Administering Oath									
													
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WORK EXPERIENCE SHEET

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

2. 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: N/A
- Position: N/A
- Name of Office/Unit: N/A
- Immediate Supervisor: N/A
- Name of Agency/Organization and Location: N/A
- List of Accomplishments and Contributions (if any): N/A
- Summary of Actual Duties: N/A


SARAH AUGUSTA N. TARADA, M.D.
(Signature over Printed Name
of Employee/Applicant)

Date: 08-05-21