FORM 212 (Revised 2005) •			i de la compansión de l						
• 7	DEDGO	NAL DA	TA	LEET					
- Edward	PERSO	NAL DA	IIA	DHEEL					
t baible. Made appropriate he	xes with '\' and use separate sheet if necessary.			1. CS IO No.			(to be filled up by CC		
Tegloly. Mark appropriate bo				1.0.018.102			(to be filled up by CS		
SURNAME	01R1A1C11101N1 1 1	1 1 1 1 1	1 1			1 1			
FIRST NAME	MIAIRII I LIYINI I I	1 1 1 1	1 1	1 1 1 1	1 1 1 1	1 1			
MIDDLE NAME	ZIAIMIOIRIAI I I	1 1 1 1		3. NAME	EXTENSION (e.g. Jr.	, Sr.)			
DATE OF BIRTH (mm/dd/yy	days on an analysis of the same of the sam	16. RESIDENTIAL A	DDRESS				ampres		
PLACE OF BIRTH	DIPOLOG CITY	/		Pangas			y City		
SEX	☐ Male ☐ Female			Leyte	()	1 0-1	Tippines		
CIVIL STATUS	☐ Single ☑ Widowed		ZIP CODE	6521-	Read to the second	prine			
	☐ Married ☐ Separated	17. TELEPHONE NO),	T T T T T T T T T T T T T T T T T T T			11		
	☐ Annulled ☐ Others, specify	18. PERMANENT AI	PERMANENT ADDRESS						
CITIZENSHIP	FILIPINO								
HEIGHT (m)	1. 4 m								
WEIGHT (kg)	42.5 kg		ZIP CODE			H MIT	5-21-37		
BLOOD TYPE	0	19 TELEPHONE NO		1000		1 1/2	Array a		
GSIS ID NO.		20. E-MAIL ADDRES				1	7.5		
PAG-IBIG ID NO		21. CELLPHONE NO). (if any)			-			
PHILHEALTH NO. SSS NO.		22. AGENCY EMPL	DYEE NO.	104-769-274					
FAMILY BACKGRO	IL	23, 1114		104-7	69-274				
SPOUSE'S SURNAME	001011	(/tb)	25. NAME OF	CHILD (Write full name a	ind list all)	DATEO	F BIRTH (mm/dd/yyyy)		
FIRST NAME	CYEI	EASED)	I may		cion	Hay			
MIDDLE NAME	1 ABELLA / OEA	EACED)	leabel		heion a.	Ani	17 1 1987		
OCCUPATION	Not Applicable (NA)	O N /CV	saver	b El Ul	many gr.	April	1 176		
EMPLOYER/BUS, NAME	NA						1 1		
BUSINESS ADDRESS	ХA					1 1			
TELEPHONE NO.						1 1			
	(Continue on separate sheet if necessary)					1 1			
FATHER'S SURNAME	ZAMORA (DECEMSED)					/ /			
FIRST NAME	CEZAR (DECEMED)					1 1			
MIDDLE NAME	RODRIGUEZ CDE				1 1				
MOTHER'S MAIDEN NAME						/ \			
SURNAME	BENDIJO		1 1			1 1			
FIRST NAME	ANGUSTIA					1 1 \			
MIDDLE NAME	ECHAVEZ			(Continue	e on separate sheet	if necessary)			
EDUCATIONAL BA	UNGKOOND		YEAR	HIGHEST GRADE/	INCLUSIVE D	ATES OF	- course		
LEVEL	NAME OF SCHOOL (Write in full)	DEGREE COURSE (Write in full)	GRADUATED	LEVEL/ UNITS EARNED	ATTENDA		SCHOLARSHIP/ ACADEMIC HONOR		
	(1110)	(Time at test)	(if graduated)	(if not graduated)	From	То	RECEIVED		
ELEMENTARY	Miputak Elem. School	None	1967	Grade Six	1961 -	1967	Valedictori		
SECONDARY	Zambo, Korte Rovil. High	None	1971	4th Year	1967-	1971	Valedictor		
/OCATIONAL / TRADE COURSE	Not Applicable	None	-		7	- 1	1		
COLLEGE	Silliman University	B.S. Siology	1976		1971-	1976	Cum land		
		77090	.,,,		V V 11	1114	National Gal		
GRADUATE STUDIES	10.00	12					Ship away		
ANDONIE GIUDIES	University of the Philippi at the Bamos	[n , n 1 .	1985		1980 -	1985	VIGG & SEA		
	University of the puil, at Pi	ingu p.	,	10 units	Oct. 1997				
	University of the Publicat los	Banki	_	21 mite	Od 1498.	1000	DO DEST Scho		

Page 1 of 4

IV. CIVIL SERVI	CE ELIGIE	BILITY							
29 CAREER SERVICE/ RA 1080 (BOARD/ BAR).		RATING	DATE OF EXAMINATION /	DI ACE OF EVANINATION	ON / CONEEDMENT		LICENSE (if applicable)		
UNDER SPECIAL LAWS/ CES/ CSEE			CONFERMENT	PLACE OF EXAMINATION / CONFERMENT			NUMBER	DATE OF RELEASE	
Second le	ruel CP.	P.907/P.D.993)			garantee bar		No.		
First Lev	el (P.D	.907/1.8.993)			1	MIL	147.7	1	
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	4.14	- 55-		(3) (1)					
				ontinue on separate	short if passes and				
V. WORK EXPE	RIENCE (Include private e			our current work)				
30. INCLUSIVE DATES (mm/dd/yyyy) POSITION (Write in				PARTMENT / AGENCY / OFFICE / COMPANY (Write in full)		SALARY GRADE & STEP INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE	
From	То	(AALINE III)	unly		(T. A. H.	SALARY	(Format *00-0*)		(Yes / No)
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	T- M-15- II		Consultant Sa	Conunue on separat	e sheet if necessary)		CS FORM	1 212 (Revised 20	05), Page 2 of

VI. VOLUNTARY WORK OR INVOLVEME N CIVIC / N	ION-GOVERNMEN	T/PEOPLE/	JNTARY	ORGANIZATION/S	
31. NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIV (mm/dx	d/yyyy)	NUMBER OF HOURS	POSITION / NATURE OF WORK	
	From	То			
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ACTOR OF STATE	1 1	1 1			
(Con II. TRAINING PROGRAMS (Start from the most recen	tinue on separate sheet i t training.)	f necessary)			
32. TITLE OF SEMINAR/CONFERENCE/WORKSHOP/SHORT COURSE (Write in full)	INCLUSIVE DATES	OF ATTENDANCE d/yyyy)	NUMBER OF HOURS	CONDUCTED/ SPONSORED BY (Write in full)	
	From	То			
of Outcomes-Based Education (OBE)	04/2015	0510517015	~21 hrs	Visayas state University	
Seminer-Workshop on the Implementate of Outcomes-Based Education (OBE) Application of Advance Genetic Engineeri è Protein Analysis Technique in Studi Chromosomally Abnormal Auman Emb	18 02/26/2015	02/26/2013	n3hrs	Dept. of Pure & Applied the	
Chromosomally Abnormal Auman Emb	your , ,	of single of me		Visca, Baybay, Lute	
Seminar-Workshop on the Filipino Educator: Building Minds and Touch	01.1 1712014	061 18 12010	20 lys	Visagas State Universit	
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models as led outline (1)	1 -1	1			
Pasis Programm	1 1	1 1			
C AND ENGINEER OF THE CONTROL OF THE	ntinue on separate sheet	if necessary)			
VIII. OTHER INFORMATION	NON-ACADEMIC DIS	TINCTIONS / RECO	ENITION:	MEMBERSHIP IN 35. ASSOCIATION/ORGANIZATION	
33. SPECIAL SKILLS / HOBBIES: 34.	(4)	Vrite in full)	0.015.000	(Write in full)	
			51.7	Complete and	
(6)	ontinue on separate shee	et if necessary)			
				CS FORM 212 (Revised 2005), Page 3	

Wittin the third degree (for National Government Employees):	36. Are you related by consanguinity or affinity				
appointing authority or recommending authority where you will be appointed? If YES, give details: YES INO YES, give details: YES INO YES, give details: YES INO YES, give details: YES INO YES, give details: YES INO YES, give details: YES INO YES, give details: YES INO YES, give details: YES INO YES INO	appointing authority, recommending authority, chief of office/bureau/department or person who has immediate supervision over you in the Office, Bureau or Department where you will be				
b. Have you ever been guilty of any administrative offense?					
If YES, give details:	37 a. Have you ever been formally charged?				
regulation by any court or tribunal? #YES, give details:	b. Have you ever been guilty of any administrative offense?	1			
retirement, dropped from the rolls, dismissal, termination, end of term, finished contract, AWOL or phased out, in the public or private sector? If YES, give details:					
If YES, give details:	retirement, dropped from the rolls, dismissal, termination, end of term, finished contract, AWOL				
a Are you a member of any indigenous group? Are you a member of any indigenous group?	40 Have you ever been a candidate in a national or local election (except Barangay election)?				
Are you differently abled? □ Are you a solo parent? □ YES, please specify: □ YES, please					
C. Are you a solo parent? If YES, please specify: □ YES NO If YES, please specify: 42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee) NAME ADDRESS TEL. NO. 43. I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential. CCT 2014 04428803 COMMUNITY TAX CERTIFICATE NO. Baybay C1+y SSUED ON (min/dd/wood) SSUED ON (min/dd/wood) SSUED ON (min/dd/wood)		If YES, please specify:			
ADDRESS TEL. NO. 43 I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential. CCT 2014 04428803 COMMUNITY TAX CERTIFICATE NO. Baybay City SIGNATURE (Sign Inside the box) SSUED ON (mm/dd/www) ISSUED ON (mm	c. Are you a solo parent?	If YES, please specify:			
43 I declare under oath that this Personal Data Sheet has been accomplished by me, and is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I also authorize the agency head / authorized representative to verify / validate the contents stated herein. I trust that this information shall remain confidential. CCT 2014 04428803 COMMUNITY TAX CERTIFICATE NO. Baybay City SIGNATURE (Sign inside the box) SELED ON (mm/dd/www) SSUED ON (mm/dd/www) DATE ACCOUNTS OF THE NO.	42. REFERENCES (Person not related by consanguinity or affinity to applicant / appointee)				
Community tax certificate No. Baybay City SSUED AT SIGNATURE (Sign inside the box) SELECT ON (mm/dd/www) PATE Activity in use and regulations of the Republic of the Repub	NAME ADDRESS	TEL: NO.			
CCJ 2014 04428803 COMMUNITY TAX CERTIFICATE NO. Baybay City SSUED AT SIGNATURE (Sign inside the box) SSUED ON (mm/ddAywy) DATE ACCOUNT OF THE	complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Repi Philippines. I also authorize the agency head / authorized representative to verify / validate the contents state.	d herein. I trust			
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	0412812015 Sept. 14. 2015				