

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 () 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

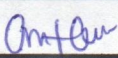
2. SURNAME	GUMAMA		
FIRST NAME	ANALYN		NAME EXTENSION (JR., SR) NA
MIDDLE NAME	MANAGBANAG		
3. DATE OF BIRTH (mm/dd/yyyy)	11/12/1984	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship
4. PLACE OF BIRTH	BAYBAY, LEYTE	If holder of dual citizenship, please 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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.52m.	ZIP CODE	House/Block/Lot No. Street
8. WEIGHT (kg)	60.0kg.		Subdivision/Village Barangay
9. BLOOD TYPE	NA		BAYBAY LEYTE
10. GSIS ID NO.	121160381482		City/Municipality Province
11. PAG-IBIG ID NO.	121160381482	18. PERMANENT ADDRESS	6521-A
12. PHILHEALTH NO.	13-000104532-7		House/Block/Lot No. Street
13. SSS NO.	0111-6709869-5		Subdivision/Village Barangay
14. TIN NO.	937-627-175		BAYBAY LEYTE
15. AGENCY EMPLOYEE NO.	VO1069	21. E-MAIL ADDRESS (if any)	analyn_111284@yahoo.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	GUMAMA		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	ABDULLAH	NAME EXTENSION (JR., SR) NA	ASHEENA M. GUMAMA	1/5/2011
MIDDLE NAME	RAKIM			
OCCUPATION	NA			
EMPLOYER/BUSINESS NAME	NA			
BUSINESS ADDRESS	NA			
TELEPHONE NO.	NA			
24. FATHER'S SURNAME	MANAGBANAG			
FIRST NAME	ROGELIO	NAME EXTENSION (JR., SR) NA		
MIDDLE NAME	PAMAN			
25. MOTHER'S MAIDEN NAME	RALLOS			
SURNAME	MANAGBANAG			
FIRST NAME	REBECCA			
MIDDLE NAME	SORIA			

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 Education	6/1/1991	3/31/1997	Graduated	1997	2ND HONOR
SECONDARY	VISCA LABORATORY HIGH SCHOOL	Secondary Education	6/1/1997	3/31/2001	Graduated	2001	Partial Scholar
VOCATIONAL / TRADE COURSE	NA	NA					
COLLEGE	LEYTE STATE UNIVERSITY	Bachelor of Science in Agriculture	6/1/2001	3/31/2005	Graduated	2005	College Honor
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	Master of Science in Horticulture	6/1/2012	4/30/2015	Graduated	2015	DOST Scholar

SIGNATURE		DATE	MAY 31, 2023
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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	<i>Chafon</i>	DATE	may 31, 2023
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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		
	<div><div><div></div><div>ON</div><div></div></div><div><div></div><div>YES</div><div></div></div><div><div></div><div>N/A</div><div></div></div><div><div></div><div>YES</div><div></div></div><div><div></div><div>NO</div><div></div></div><div><div></div><div>IF YES, give details</div></div></div>				
	<div><div><div></div><div>ON</div><div></div></div><div><div></div><div>YES</div><div></div></div><div><div></div><div>N/A</div><div></div></div><div><div></div><div>YES</div><div></div></div><div><div></div><div>NO</div><div></div></div><div><div></div><div>IF YES, give details</div></div></div>				
	<div><div><div></div><div>ON</div><div></div></div><div><div></div><div>YES</div><div></div></div><div><div></div><div>N/A</div><div></div></div><div><div></div><div>YES</div><div></div></div><div><div></div><div>NO</div><div></div></div><div><div></div><div>IF YES, give details</div></div></div>				
	<div><div><div></div><div>ON</div><div></div></div><div><div></div><div>YES</div><div></div></div><div><div></div><div>N/A</div><div></div></div><div><div></div><div>YES</div><div></div></div><div><div></div><div>NO</div><div></div></div><div><div></div><div>IF YES, give details</div></div></div>				

(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			
	N/A					
	<div><div><div><input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES</div></div><div>If YES, give details</div></div>					
	<div><div><div><input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES</div></div><div>If YES, give details</div></div>					
	<div><div><div><input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES</div></div><div>If YES, give details</div></div>					
	<div><div><div><input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES</div></div><div>If YES, give details</div></div>					
	<div><div><div><input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES</div></div><div>If YES, please specify</div></div>					
	<div><div><div><input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES</div></div><div>If YES, please specify ID No.</div></div>					
	<div><div><div><input checked="" type="checkbox"/> NO</div><div><input type="checkbox"/> YES</div></div><div>If YES, please specify ID No.</div></div>					

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)		
NAME	ADDRESS	TEL. NO.
Dr. Marilou Benitez	Department of Horticulture, VSU	053-335-2628
Dr. Zenaida Gonzaga	Department of Horticulture, VSU	053-335-2628
Ms. Joy Codog	Philippine Rootcrop Research and Training Center, VSU	053-563-7229
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: SSS ID ID/License/Passport No.: 0111-6709869-5 Date/Place of Issuance: May 2016/ Calbayog City		<div><div>ANALYN M. GUMAMA</div><div>PHOTO</div></div> <div><div>Signature (Sign inside the box) Date Accomplished</div></div> <div><div>Right Thumbmark</div></div>
SUBSCRIBED AND SWORN to before me this 24 JUL 2023, affiant exhibiting his/her validly issued government ID as indicated above.		
<div>ATTY. RYAN C. GUINOCOR Person Administering Oath</div>		


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: March 01, 2018- present
 - Position: Science Research Assistant
 - Name of Office/Unit: PhilRootcrops
 - Immediate Supervisor: Dr. Dilberto O. Ferraren (2018-Present)
 - Name of Agency/Organization and Location: VSU, Baybay City, Leyte
 - List of Accomplishments and Contributions (if any)
 - Worked closely with the project leader in the maintenance of yam germplasm collection and yam varieties for regional trial.
- Summary of Actual Duties
 - Characterized and document the yam collection.
 - Assist in the field and storehouse maintenance of the PhilRootcrops yam germplasm collection and in yam recollecting activities.
 - Analysed data and assist in preparation of reports and presentations.
 - Help maintain cleanliness and orderliness of experimental field.
 - Do other duties assigned and needed by the project leader and research center.

Attachment to CS Form No. 212


ANALYN M. GUMAMA
(Signature over Printed Name
Of Employee/Applicant)

Date: May 31, 2023