

CS Form No. 212
Revised 2017

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	MANDIA		
FIRST NAME	JOYCEE	NAME EXTENSION (JR., SR)	
MIDDLE NAME	SILLEZA		
3. DATE OF BIRTH (mm/dd/yyyy)	SEPTEMBER 28, 1998	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	POBLACION ZONE 2 JAVIER 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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street PANGASUGAN Subdivision/Village Barangay BAYBAY CITY LEYTE City/Municipality Province
7. HEIGHT (m)	1.54	ZIP CODE	6521
8. WEIGHT (kg)	43		
9. BLOOD TYPE		18. PERMANENT ADDRESS	REAL STREET House/Block/Lot No. Street POBLACION ZONE 2 Subdivision/Village Barangay JAVIER LEYTE City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	6511
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	132505782176		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	09129910453
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	joyceemandia28@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	NAME EXTENSION (JR., SR)			
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	MANDIA			
FIRST NAME	DAVID	NAME EXTENSION (JR., SR)		
MIDDLE NAME	CABIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	SILLEZA			
FIRST NAME	JOSEPHINE			
MIDDLE NAME	SOLIS			

(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	JAVIER CENTRA SCHOOL	N/A	2006	2011	GRADUATED	2011	5TH HONOR
SECONDARY	JAVIER NATIONAL HIGH SCHOOL	N/A	2011	2015	GRADUATED	2015	SALUTATORIAN
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR IN ANIMAL SCIENCE	2015	2019	GRADUATED	2019	CUM LAUDE
GRADUATE STUDIES	VISAYAS STATE UNIVERSITY	MASTER OF SCIENCE IN ANIMAL SCIENCE	2019	2021	GRADUATED	2021	

(Continue on separate sheet if necessary)

SIGNATURE	DATE	10/25/21
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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

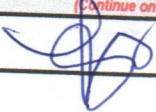
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)







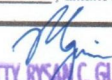
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	PHILSAN VIRTUAL ANIMAL NUTRITION CONFERENCE			3.0	Research	PHILIPPINE SOCIETY OF ANIMAL NUTRITIONIST
	EMERGING PATHOGENS OF INTEREST IN THE FOOD INDUSTRY			2.0	Technical	GLENWOOD TECHNOLOGIES INTERNATIONAL
	EMERGING PATHOGENS OF INTEREST IN THE FOOD INDUSTRY			2.0	Technical	GLENWOOD TECHNOLOGIES INTERNATIONAL
	MYCOTOXINS IN FOOD AND FEED			2.0	Technical	GLENWOOD TECHNOLOGIES INTERNATIONAL

(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)
	COOKING		N/A		CHRISTIAN BROTHERHOOD INTSTITUTE

SINGING		
PLAYING INSTRUMENTS		
WATCHING DOCUMENTARIES		
(Continue on separate sheet if necessary)		
SIGNATURE		DATE
		10/25/21

<p>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,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense?</p> <p>b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p>Date Filed: _____</p> <p>Status of Case/s: _____</p>												
<p>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</p> <p>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?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, give details (country): _____</p>												
<p>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:</p> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NAME</th> <th style="width: 33%;">ADDRESS</th> <th style="width: 33%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>DINAH M. ESPINA Ph.D</td> <td>VUS BAYBAY CIY LEYTE</td> <td>9173276763</td> </tr> <tr> <td>DR. IVY C. EMNACE Ph.D</td> <td>VUS BAYBAY CIY LEYTE</td> <td>9225219482</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	DINAH M. ESPINA Ph.D	VUS BAYBAY CIY LEYTE	9173276763	DR. IVY C. EMNACE Ph.D	VUS BAYBAY CIY LEYTE	9225219482			
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<p>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.</p>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>PHILHEALTH</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>13-250578271</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>TACLOBAN CITY, LEYTE</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:	PHILHEALTH	ID/License/Passport No.:	13-250578271	Date/Place of Issuance:	TACLOBAN CITY, LEYTE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">  Signature (Sign inside the box) Date Accomplished: 12/25/21 </td> <td style="text-align: center;">  Right Thumbmark </td> </tr> </table>	 Signature (Sign inside the box) Date Accomplished: 12/25/21	 Right Thumbmark
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<p>SUBSCRIBED AND SWORN to before me this <u>02 DEC 2021</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <div style="text-align: center; margin-top: 20px;">  ATTY. RYAN C. GUINOCOR VSU Chief Legal Officer </div> <div style="text-align: center; margin-top: 10px; border: 1px solid black; padding: 5px;"> Person Administering Oath </div>													