

# 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 if accomplished through own handwriting. Tick appropriate boxes ☐ and use separate sheet if necessary. Indicate N/A if not applicable. **DO NOT ABBREVIATE.**

## I. PERSONAL INFORMATION

1. SURNAME	CORTEZ		
2. FIRST NAME	TISHA MARIE		NAME EXTENSION (JR., SR)
MIDDLE NAME	LEGASPI		
3. DATE OF BIRTH (dd/mm/yyyy)	DECEMBER 11, 1998	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	DUMAGUETE CITY	If holder of dual citizenship, please indicate the details.	
5. SEX AT BIRTH	<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	4th Street House/Block/Lot No. Street Silver Hills Subdivision Barangay Luna Subdivision/Village Barangay Ormoc City Leyte City/Municipality Province
7. HEIGHT (m)	1.57m	ZIP CODE	6541
8. WEIGHT (kg)	78kg		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	4th Street House/Block/Lot No. Street Silver Hills Subdivision Barangay Luna Subdivision/Village Barangay Ormoc City Leyte City/Municipality Province
10. UMID ID NO.	35-1922438-7	ZIP CODE	6541
11. PAG-IBIG ID NO.	121 318 669 915		
12. PHILHEALTH NO.	132 525 678 974	19. TELEPHONE NO.	561-9497
13. PhilSys Number (PSN):	3284-0316-3052-3968	20. MOBILE NO.	+63 925 502 6119
14. TIN NO.	769 935 322	21. E-MAIL ADDRESS (if any)	tishamariacortez@gmail.com
15. AGENCY EMPLOYEE NO.	N/A		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CORTEZ			
FIRST NAME	SANTOS JR.	NAME EXTENSION (JR., SR)		
MIDDLE NAME	SABANDAL			
25. MOTHER'S MAIDEN NAME				
SURNAME	LEGASPI			
FIRST NAME	MELISSA			
MIDDLE NAME	MACABINGUIL			

(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	ST. PETER'S COLLEGE OF ORMOC	ELEMENTARY	2005	2011		2011	
SECONDARY	ST. PETER'S COLLEGE OF ORMOC	HIGH SCHOOL	2011	2015		2015	1st Honorable Mention
VOCATIONAL / TRADE COURSE							
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MEDICINE	2015	2021		2021	Cum Laude
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE		DATE	DECEMBER 16, 2025
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