

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	CALUPAS		
FIRST NAME	LAURIE MARIE	NAME EXTENSION (JR, SR)	N/A
MIDDLE NAME	CACERES		
3. DATE OF BIRTH (mm/dd/yyyy)	9/4/1988	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	TACLOBAN CITY, LEYTE	If holder of dual citizenship, please indicate the details:	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Lot 4 Blk 7 House/Block/Lot No. Street Puraville Subdivision Brgy. Bagong Buhay Subdivision/Village Barangay Ormoc City Leyte City/Municipality Province
7. HEIGHT (m)	1.63 m	ZIP CODE	6541
8. WEIGHT (kg)	73 kg		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	Lot 4 Blk 7 House/Block/Lot No. Street Puraville Subdivision Brgy. Bagong Buhay Subdivision/Village Barangay Ormoc City Leyte City/Municipality Province
10. GSIS ID NO.	200516263	ZIP CODE	6541
11. PAG-IBIG ID NO.	121180361062		
12. PHILHEALTH NO.	012504758255		
13. SSS NO.	06-3828385-9	19. TELEPHONE NO.	N/A
14. TIN NO.	483-696-543	20. MORRIS NO.	09175344447
15. AGENCY EMPLOYEE NO.	ENR-927	21. E-MAIL ADDRESS (if any)	lauriecalupas@gmail.com

II. FAMILY BACKGROUND

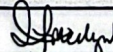
22. SPOUSE'S SURNAME	CALUPAS		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOHN MICHAEL	NAME EXTENSION (JR, SR)	MIGUEL LUCIAN C. CALUPAS	4/12/2024
MIDDLE NAME	SON			
OCCUPATION	ELECTRICAL ENGINEER			
EMPLOYER/BUSINESS NAME	VENA ENERGY			
BUSINESS ADDRESS	MAKATI CITY, METRO MANILA			
TELEPHONE NO.	9989655446			
24. FATHER'S SURNAME	CACERES			
FIRST NAME	RAUL	NAME EXTENSION (JR, SR)		
MIDDLE NAME	MONTE			
25. MOTHER'S MAIDEN NAME				
SURNAME	WHITE			
FIRST NAME	ROSE MARIAN			
MIDDLE NAME	ABENIS			

(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	TACLOBAN ANGELICUM LEARNING CENTER/ STO. NINO SPEED CENTER	ELEMENTARY	1994	2000	N/A	2000	N/A
SECONDARY	PHILIPPINE SCIENCE HIGH SCHOOL	HIGHSCHOOL	2000	2004	N/A	2004	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	RTR MEDICAL FOUNDATION/EMILIO AGUIBALDO COLLEGE/TRACE COLLEGE	BS NURSING	2004	2009	N/A	2009	N/A
GRADUATE STUDIES	PAMANTASAN NG LUNGSOD NG MAYNILA	MEDICINE	2010	2014	N/A	2014	ACADEMIC SCHOLAR

(Continue on separate sheet if necessary)

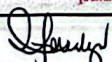
SIGNATURE		DATE	June 20, 2025
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27	CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BAHANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFIRMMENT	PLACE OF EXAMINATION / CONFIRMMENT	LICENSE (if applicable)	
					NUMBER	Date of Validity
	PHYSICIAN LICENSURE EXAMINATION	84.3	MARCH 2016	MANILA	132391	04/09/2025
	NON-PROFESSIONAL DRIVER'S LICENSE	N/A	2015	TACLOBAN CITY, LEYTE	H02-15-004490	04/09/2032
	NURSING LICENSURE EXAMINATION	PASSED	MARCH 10, 2010	MANILA	0608820	SEPT 4, 2013

YOUR WORK EXPERIENCE

[illegible]

SIGNATURE		DATE	JUNE 20, 2025
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIL / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS						
29.	NAME & ADDRESS OF ORGANIZATION (Write in LA)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
		From	To			
N/A		N/A	N/A	N/A	N/A	
(Continue on separate sheet if necessary)						
VII. LEARNING AND DEVELOPMENT (LSD) INTERVENTIONS/ TRAINING PROGRAMS ATTENDED						
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/ TRAINING PROGRAMS (Write in LA)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory / Technical)	CONDUCTED/ SPONSORED BY (Write in LA)
		From	To			
	PMA 118th Annual Convention	05/14/2025	05/17/2025	32	Technical	Philippine Medical Association
	PSP 74th Annual Convention	04/10/2025	04/12/2025	24	Technical	Philippine Society of Pathologists
	BASIC AND TRAINING OF TRAINERS MENTAL HEALTH GAP FOR COMMUNITY HEALTH WORKERS	03/05/2025	03/07/2025	24	Technical	Department of Health-EV
	Online Training on Leadership and Capacity-Building for Cancer Control	01/24/2024	01/25/2024	15	Technical	DOH Academy
	Online Training on Basic Epidemiology	01/12/2024	01/12/2024	9	Technical	DOH Academy
	New Practices in the New Normal	10/05/2023	10/05/2023	2	Technical	Far Eastern University
	72nd Annual PSP Convention	04/20/2023	04/22/2023	24	Technical	Philippine Society of Pathologists
	19TH PCQACL Annual Convention: Redefining Global Challenges into Quality Laboratory Standard	09/08/2022	09/10/2022	24	Technical	Philippine Council for Quality Assurance in Clinical Laboratories
	1st International Conference on Biosafety and Biosecurity Towards One	08/11/2022	08/12/2022	16	Technical	National Training Center for Biosafety and
	71st Annual PSP Convention	05/25/2022	05/27/2022	24	Technical	Philippine Society of Pathologists
	WHO Head and Neck Tumours Classification 5th Edition Update	05/07/2022	05/07/2022	5	Technical	Assembly of Asia Pacific International Academy of Pathology - Hongkong
	Basic Life Support Cardio-pulmonary Resuscitation Seminar	12/2/2021	12/2/2021	8	Technical	Rizal Medical Center
	International Academy of Pathology Thailand Annual Meeting 2021	10/6/2021	10/8/2021	18	Technical	International Academy of Pathology
	Uterine Mesenchymal Tumors that Mimic Leiomyomas	10/5/2021	10/5/2021	3	Technical	Philippine Society of Pathologists
	Basic Sarcoma Course: A multidisciplinary review of bone and soft tissue	09/23/2021	09/24/2021	8	Technical	Philippine Musculoskeletal Tumor Society
	Pulmonary Cytology: Mimics and potential pitfalls	08/18/2021	08/18/2021	3	Technical	Philippine Society of Pathologists
	PCQACL Webinar Series: Beyond the usual CBC analysis - digging deeper into histograms, Automated ESR	06/11/2021	06/11/2021	3	Technical	Philippine Council for Quality Assurance in Clinical Laboratories
	Online Review Course on Molecular Pathology for Residents	24/05/2021	28/05/2021	20.0	Technical	Philippine Society of Pathologists
	69th Annual PSP Convention	23/04/2021	26/04/2021	32.0	Technical	Philippine Society of Pathologists
	Postgraduate Course of the UP-PGH Division of Hematology: Hematology Made Easy	12/04/2021	14/04/2021	9.0	Technical	UP-Philippine General Hospital
	Clinical and Pathology Pearls of Hodgkin Lymphoma and other CD30 lymphomas	11/02/2021	11/02/2021	4.0	Technical	Philippine Society of Pathologists
	17th PCQACL Annual Convention	22/09/2020	24/09/2020	24.0	Technical	Philippine Council for Quality Assurance in Clinical Laboratories
	Biosafety and Biosecurity Training in COVID-19	28/08/2020	28/08/2020	2.0	Technical	Rizal Medical Center
	6th International Pathology Symposium: Updates in Head and Neck Pathology	21/02/2020	21/02/2020	8.0	Technical	St. Luke's Medical Center
	Symposium-Conference in Anatomic Pathology	18/01/2020	19/01/2020	16.0	Technical	Philippine Society of Pathologists
	Palliative Care	09/24/2019	09/24/2019	3.0	Technical	Rizal Medical Center
	Medical Certification of Cause of Death	08/15/2019	08/15/2019	8.0	Technical	Rizal Medical Center
	68th Annual PSP Convention: "New Challenges in Pathology: Meeting Expectation"	04/24/2019	04/26/2019	24.0	Technical	Philippine Society of Pathologists
	Genitourinary Pathology Pearls: Morphology and Classification	04/23/2019	04/23/2019	8.0	Technical	Far Eastern University - Nicanor Reyes Medical Foundation
	Orientation-Workshop on the Establishment of Information and Service Delivery Network for Adolescents for Ormoc City	07/24/2018	07/24/2018	8.0	Technical	Commission on Population Regional Office VIII
	Standard First Aid and Basic Life Support Training	05/21/2018	05/24/2018	32.0	Technical	Department of Health Regional Office VIII and City Health Department
	EVSO Midyear Meeting "Eye Shall Return: Weathering the Storm in Ophthalmology"	04/26/2018	04/27/2018	16.0	Technical	Philippine Academy of Ophthalmology - Eastern Visayas Society of Ophthalmology
	Training of Physicians on Medical Certification of Death	03/13/2018	03/14/2018	16.0	Technical	Department of Health Regional Office VIII
	Skills Training Course on Progestin Subdermal Implant Insertion and Removal	02/13/2018	02/14/2018	16.0	Technical	Department of Health in partnership with USAID and EngenderHealth
(Continue on separate sheet if necessary)						
VIII. OTHER INFORMATION						
31.	SPECIAL SKILLS AND HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in LA)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in LA)	
	RUNNING		N/A		PHILIPPINE SOCIETY OF PATHOLOGISTS	
	WRITING				PHILIPPINE MEDICAL ASSOCIATION	
					ORMOC CITY MEDICAL SOCIETY	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	JUNE 20, 2025	

<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give details: <u>RESIGNATION, END OF CONTRACT</u></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: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>KAREN O. BONGAS, MD, FPSP</td> <td>RIZAL MEDICAL CENTER</td> <td>9176309285</td> </tr> <tr> <td>HERBERT Z. MANAOIS, MD, DPSP</td> <td>RIZAL MEDICAL CENTER</td> <td>9778152378</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	KAREN O. BONGAS, MD, FPSP	RIZAL MEDICAL CENTER	9176309285	HERBERT Z. MANAOIS, MD, DPSP	RIZAL MEDICAL CENTER	9778152378			
NAME	ADDRESS	TEL. NO.											
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HERBERT Z. MANAOIS, MD, DPSP	RIZAL MEDICAL CENTER	9778152378											
<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>													
<p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</p> <p>PLEASE INDICATE ID Number and Date of Issuance</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Government Issued ID</td> <td>PRC</td> </tr> <tr> <td>ID/License/Passport No.</td> <td>132391</td> </tr> <tr> <td>Date/Place of Issuance</td> <td>MARCH 2016/MANILA</td> </tr> </table>	Government Issued ID	PRC	ID/License/Passport No.	132391	Date/Place of Issuance	MARCH 2016/MANILA	<div style="text-align: center;"> <p>Signature (Sign inside the box)</p> <p>LAURIE MARIE C. CALUMPAS Date Accomplished: <u>JUNE 10, 2023</u> Notary Public for the City of Ormoc</p> </div> <div style="text-align: center;"> <p>Right Thumbmark</p> </div>						
Government Issued ID	PRC												
ID/License/Passport No.	132391												
Date/Place of Issuance	MARCH 2016/MANILA												
<p>SUBSCRIBED AND SWORN to before me this <u>23</u> <u>JUN</u> 2023</p> <p>Doc. No. <u>978</u> Page No. <u>105</u> Book No. <u>4</u> Series of <u>205</u></p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p style="text-align: center;">Municipalities of Kananga, Matig-oh, Marikina, Marikina and Isabela, Leyte</p> <p style="text-align: center;">Notary Commission No. <u>ORM-24-12-029-NO</u> Valid Until December 31 2026 Roll No. 42646 PTR No. 8342250/01-02-2025 IBP-Leyte Chapter No. 013428/03-4-2024 MCLE Compliance No. 013428/03-4-2024 Person Administering Oath</p> </div> <p style="text-align: center;">Office Address: Unit 9 2nd Floor, 10th Building, War Veterans Ave. Brgy. Alegria, Ormoc City, Leyte</p>													