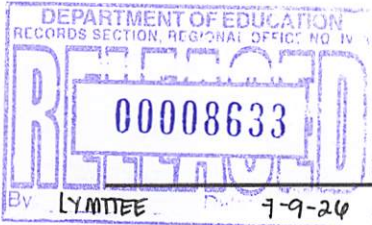




Republic of the Philippines  
**Department of Education**  
REGION IV-A CALABARZON



Personnel-RM-2026-446



7 July 2026

**Regional Memorandum**  
**No. 446, s. 2026**

**ADOPTION OF CS FORM NO. 212, REVISED 2026**  
**(PERSONAL DATA SHEET)**

To **Regional Office Officials and Employees**  
**Schools Division Superintendents**  
**All Others Concerned**

1. Pursuant to **CSC Memorandum Circular No. 05, s. 2026**, adopting **CS Form No. 212, s. Revised 2026 (Personal Data Sheet)**, all concerned are informed of the following:
  - a. The CS Form 212, Revised 2026 restores the following columns under the Work Experience section (Item No. 28, Section V);
    - Monthly Salary; and
    - Salary/Job/Pay Grade and Step Increment.
  - b. As a transitory measure, CS Form 212, Revised 2025 may still be accepted as an attachment to appointments submitted for attestation within three (3) months from the effectivity of the CSC Memorandum Circular.
  - c. After the three-month transition period, only CS Form No. 212, Revised 2026 shall be accepted for appointments submitted for attestation, superseding the 2025 version.
  - d. All concerned are hereby directed to adopt and use the revised Personal Data Sheet accordingly.
2. Enclosed herewith is the **Guide to Filling Out the Personal Data Sheet (PDS) Revised 2026**, for information and guidance.
3. Immediate dissemination of and strict compliance with this Memorandum are hereby directed.

  
**CARLITO D. ROCAFORT**  
Director IV

Incl.: As stated

  
08C/ROA/P1



MC No. 05, s. 2026

## MEMORANDUM CIRCULAR

**TO :** ALL HEADS OF CONSTITUTIONAL BODIES;  
DEPARTMENTS, BUREAUS AND AGENCIES OF THE NATIONAL  
GOVERNMENT, LOCAL GOVERNMENT UNITS, GOVERNMENT-  
OWNED OR -CONTROLLED CORPORATIONS WITH ORIGINAL  
CHARTERS, AND STATE UNIVERSITIES AND COLLEGES

**SUBJECT :** Adoption of CS Form No. 212, Revised 2026 (Personal Data Sheet)

The Civil Service Commission (CSC), through CSC Resolution No. 2500358, approved the 2025 Omnibus Rules on Appointments and Other Human Resource Actions (2025 ORAOHRA), which was subsequently circularized through CSC Memorandum Circular No. 8, s. 2025. As part thereof, CS Form No. 212, Revised 2025, otherwise known as the Personal Data Sheet (PDS), was adopted as Annex H-1 of the said Rules. However, it was noted that in the Work Experience section (Item No. 28, Section V) of the said form, the columns for "Monthly Salary" and "Salary/Job/Pay Grade & Step Increment" were not reflected in the current form.

To ensure completeness of the PDS, the CSC hereby adopts CS Form No. 212, Revised 2026, which restores in the Work Experience section (Item No. 28, Section V.) the columns for:

1. Monthly Salary; and
2. Salary/Job/Pay Grade and Step Increment.

As a transitory measure, for a period of three (3) months from the effectivity of this Memorandum Circular, PDS accomplished using CS Form No. 212, Revised 2025 may still be accepted as an attachment to appointments submitted for attestation. Thereafter, CS Form No. 212, Revised 2026 shall effectively supersede the 2025 version attached to the 2025 ORAOHRA as Annex H-1 and shall be the only accepted form for such purpose.

This Memorandum Circular shall take effect after fifteen (15) days from publication in the Official Gazette or in a newspaper of general circulation.

For information and compliance.

  
**ATTY. MARILYN B. YAP, DPA**  
Chairperson

23 June 2026

HRPSO/PSSD/CDGM/SGA/JDRA/harold



## **GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS)**

Revised 2026

### **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.***

***Please fill out each of the fields in the PDS when applicable.***

### ***Note:***

- The PDS may be accomplished using the MS Word format or MS Excel format.
- In the MS Excel format, all the tick boxes will automatically be marked once clicked.
- The PDS must bear the wet signature/e-signature/digital certificate of the employee and date of accomplishment at the bottom of every page.
- Entries in the PDS may be filled out through handwriting or via typewriter/computer. If handwritten, entries should be in block capital (e.g. PRINT) format using a pen.
- All information should be provided accurately.
- Do not leave blank entries. Put N/A if not applicable.
- The additional sheet for work experience should be accomplished as a required attachment to the PDS.

### **I. Personal Information**

- Employee's name is to be filled out in the following format: surname, first name, name extension (if any), middle name. A space is allotted for each character or letter in the name.
- Dates are in numeric format: dd/mm/yyyy.
- Specifics should be given to "Others" response in the civil status field.
- Agency employee number refers to employee ID number in the current agency.
- For holders of foreign/dual citizenship, please select from the dropdown list the foreign country where you were born/naturalized or type/write the same in the space provided therein.

## **II. Family Background**

- Names of spouse and parents are to be filled out the following format: surname, first name, name extension (if any), middle name.
- Mother's name is her maiden name, or name when she was single or before marriage.
- List full names (first name and surname) of ALL your children.
- Date of birth is in numeric format: dd/mm/yyyy

## **III. Educational Background**

- Indicate FULL name of schools. DO NOT ABBREVIATE.
- For Elementary Level, indicate PRIMARY EDUCATION if graduated
- For Secondary Level, indicate HIGH SCHOOL if graduated under the old curriculum; or JUNIOR HIGH SCHOOL or SENIOR HIGH SCHOOL if graduated under the K-12 curriculum.
- Indicate in FULL all courses taken in college (e.g. ASSOCIATE IN ARTS, AB ECONOMICS, BS PSYCHOLOGY, MA IN HISTORY).
- Indicate all masters or doctorate degrees taken.
- If graduated for every level, indicate year of graduation.
- If not graduated in any level, indicate the highest grade, level or units earned.
- Period of attendance are stated in school years (e.g. 1992-1996)
- Indicate any scholarship and/or academic honors received in each level.

## **IV. Civil Service Eligibility**

- Indicate all civil service eligibilities earned with corresponding rating, date and place of examination/conferment.

Example:

|                                                  |                                       |
|--------------------------------------------------|---------------------------------------|
| Career Service Sub-Professional                  | EO132/790 – Veteran Preference Rating |
| Career Service Professional                      | PD 907 – Honor Graduate               |
| Career Service Executive                         | RA 7883 – Barangay Health Worker      |
| Stenographer                                     | Barangay Official                     |
| PD 997 – Scientific and Technological Specialist |                                       |

- If earned eligibility entails a license (RA 1080), indicate the license number and its date of expiry (valid until).



## **V. Work Experience**

- Indicate all positions held both in the public and private employment starting from current work.
- Inclusive dates are indicated in numeric format: dd/mm/yyyy.
- Indicate FULL position titles and COMPLETE NAME of department/agency/office/company. DO NOT ABBREVIATE.
- **Indicate monthly salary in figures (e.g. P21,877.00)**
- **Salary/Job/Pay Grade and Step Increment, if applicable, should be stated in the format "00-0" (e.g. 24-2, 24 for salary grade, 2 for step increment)**
- Indicate status of employment (e.g. permanent, temporary, casual, contractual)
- Indicate "yes" under government service if position held is in the public or government employment or "no" if held in the private employment.
- Additional sheet for work experience should be accomplished and submitted together with the PDS in case of application to a vacant position. This should be accomplished only for work experience relevant to the position being applied to.

## **VI. Voluntary Work or Involvement in Civic/Non-Government/People/Voluntary Organizations**

- Indicate the FULL name and address of the organization where involved as voluntary worker.
- Inclusive dates, start (from) and end (to) should be in numeric format: dd/mm/yyyy.
- Indicate the number of hours of voluntary work rendered.
- Indicate the position/nature of voluntary work rendered.

## **VII. Learning and Development Interventions**

- Indicate FULL titles of learning and development (L&D) interventions attended during employment. Indicate list from the most recent L&D.
- Inclusive dates of attendance, start (from) and end (to) should be in numeric format: dd/mm/yyyy.
- Indicate the number of hours attended for program.
- Indicate the type of L&D intervention (e.g. managerial, supervisory, technical).
- Indicate the FULL name of institution/agency that conducted or sponsored the program. DO NOT ABBREVIATE. (e.g. CSC should be Civil Service Commission).

## **VIII. Other Information**

- Indicate special skills /hobbies.

- Indicate in FULL non-academic distinctions/recognition (awards received)
- Indicate membership in any professional association/organization by writing in FULL said association/organization.

#### **# 34-40**

- Indicate response to questions 34 to 40 on the right side of the sheet.
- Provide details or specifications for any yes response.

#### **# 41**

- Indicate the FULL name of references with the format FIRST NAME, MI, SURNAME, their office or residential addresses and respective contact numbers (mobile and/or landline) and/or email addresses.

#### **# 42**

- As agreement to and for completion of the PDS, the employee's signature and right thumb mark (for those who are unable to sign) should be affixed in the boxes provided. Indicate also the government ID number and date of issuance in the boxes provided. Lastly, attach a passport-sized ID or unfiltered digital picture (4.5 cm. x 3.5 cm) taken within the last six (6) months.

## 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                       |                                                                                                                                                                        |                                                                                                        |                                                                             |
| 2. FIRST NAME                    |                                                                                                                                                                        |                                                                                                        | NAME EXTENSION (JR., SR)                                                    |
| MIDDLE NAME                      |                                                                                                                                                                        |                                                                                                        |                                                                             |
| 3. DATE OF BIRTH<br>(dd/mm/yyyy) |                                                                                                                                                                        |                                                                                                        | 16. CITIZENSHIP                                                             |
| 4. PLACE OF BIRTH                |                                                                                                                                                                        |                                                                                                        | <input type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship |
| 5. SEX AT BIRTH                  | <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                          | If holder of dual citizenship,<br>please indicate the details.                                         |                                                                             |
| 6 CIVIL STATUS                   | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s: | <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |                                                                             |
| 7. HEIGHT (m)                    |                                                                                                                                                                        |                                                                                                        |                                                                             |
| 8. WEIGHT (kg)                   |                                                                                                                                                                        |                                                                                                        |                                                                             |
| 9. BLOOD TYPE                    |                                                                                                                                                                        |                                                                                                        |                                                                             |
| 10. UMID ID NO.                  |                                                                                                                                                                        |                                                                                                        |                                                                             |
| 11. PAG-IBIG ID NO.              |                                                                                                                                                                        |                                                                                                        |                                                                             |
| 12. PHILHEALTH NO.               |                                                                                                                                                                        |                                                                                                        |                                                                             |
| 13. PhilSys Number (PSN):        |                                                                                                                                                                        |                                                                                                        |                                                                             |
| 14. TIN NO.                      |                                                                                                                                                                        |                                                                                                        |                                                                             |
| 15. AGENCY EMPLOYEE NO.          |                                                                                                                                                                        |                                                                                                        |                                                                             |
|                                  |                                                                                                                                                                        | 17. RESIDENTIAL ADDRESS                                                                                |                                                                             |
|                                  |                                                                                                                                                                        | House/Block/Lot No.                                                                                    | Street                                                                      |
|                                  |                                                                                                                                                                        | Subdivision/Village                                                                                    | Barangay                                                                    |
|                                  |                                                                                                                                                                        | City/Municipality                                                                                      | Province                                                                    |
|                                  |                                                                                                                                                                        | ZIP CODE                                                                                               |                                                                             |
|                                  |                                                                                                                                                                        | 18. PERMANENT ADDRESS                                                                                  |                                                                             |
|                                  |                                                                                                                                                                        | House/Block/Lot No.                                                                                    | Street                                                                      |
|                                  |                                                                                                                                                                        | Subdivision/Village                                                                                    | Barangay                                                                    |
|                                  |                                                                                                                                                                        | City/Municipality                                                                                      | Province                                                                    |
|                                  |                                                                                                                                                                        | ZIP CODE                                                                                               |                                                                             |
|                                  |                                                                                                                                                                        | 19. TELEPHONE NO.                                                                                      |                                                                             |
|                                  |                                                                                                                                                                        | 20. MOBILE NO.                                                                                         |                                                                             |
|                                  |                                                                                                                                                                        | 21. E-MAIL ADDRESS (if any)                                                                            |                                                                             |

## II. FAMILY BACKGROUND

|                                           |                          |  |                                                     |                            |
|-------------------------------------------|--------------------------|--|-----------------------------------------------------|----------------------------|
| 22. SPOUSE'S SURNAME                      |                          |  | 23. NAME OF CHILDREN (Write full name and list all) | DATE OF BIRTH (dd/mm/yyyy) |
| FIRST NAME                                | NAME EXTENSION (JR., SR) |  |                                                     |                            |
| MIDDLE NAME                               |                          |  |                                                     |                            |
| OCCUPATION                                |                          |  |                                                     |                            |
| EMPLOYER/BUSINESS NAME                    |                          |  |                                                     |                            |
| BUSINESS ADDRESS                          |                          |  |                                                     |                            |
| TELEPHONE NO.                             |                          |  |                                                     |                            |
| 24. FATHER'S SURNAME                      |                          |  |                                                     |                            |
| FIRST NAME                                | NAME EXTENSION (JR., SR) |  |                                                     |                            |
| MIDDLE NAME                               |                          |  |                                                     |                            |
| 25. MOTHER'S MAIDEN NAME                  |                          |  |                                                     |                            |
| SURNAME                                   |                          |  |                                                     |                            |
| FIRST NAME                                |                          |  |                                                     |                            |
| MIDDLE NAME                               |                          |  |                                                     |                            |
| (Continue on separate sheet if necessary) |                          |  |                                                     |                            |

## III. EDUCATIONAL BACKGROUND

| 26. LEVEL                                 | NAME OF SCHOOL<br>(Write in full) | BASIC EDUCATION/DEGREE/COURSE<br>(Write in full) | PERIOD OF ATTENDANCE |    | HIGHEST LEVEL/<br>UNITS EARNED<br>(if not graduated) | YEAR<br>GRADUATED | SCHOLARSHIP/ ACADEMIC<br>HONORS RECEIVED |
|-------------------------------------------|-----------------------------------|--------------------------------------------------|----------------------|----|------------------------------------------------------|-------------------|------------------------------------------|
|                                           |                                   |                                                  | From                 | To |                                                      |                   |                                          |
| ELEMENTARY                                |                                   |                                                  |                      |    |                                                      |                   |                                          |
| SECONDARY                                 |                                   |                                                  |                      |    |                                                      |                   |                                          |
| VOCATIONAL /<br>TRADE COURSE              |                                   |                                                  |                      |    |                                                      |                   |                                          |
| COLLEGE                                   |                                   |                                                  |                      |    |                                                      |                   |                                          |
| GRADUATE STUDIES                          |                                   |                                                  |                      |    |                                                      |                   |                                          |
| (Continue on separate sheet if necessary) |                                   |                                                  |                      |    |                                                      |                   |                                          |

|           |                                                 |      |  |
|-----------|-------------------------------------------------|------|--|
| SIGNATURE | (wet signature/e-signature/digital certificate) | DATE |  |
|-----------|-------------------------------------------------|------|--|

[illegible]

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

|                  |                                                 |             |  |
|------------------|-------------------------------------------------|-------------|--|
| <b>SIGNATURE</b> | (wet signature/e-signature/digital certificate) | <b>DATE</b> |  |
|------------------|-------------------------------------------------|-------------|--|



## VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

(Continue on separate sheet if necessary)

## VIII. OTHER INFORMATION

[illegible]

(Continue on separate sheet if necessary)

|           |                                                 |      |  |
|-----------|-------------------------------------------------|------|--|
| SIGNATURE | (wet signature/e-signature/digital certificate) | DATE |  |
|-----------|-------------------------------------------------|------|--|

| <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 type="checkbox"/> NO</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p>                                                                                                                                                                              |                                                                          |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------------------------|--------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------------|-------------------|--|--|--|--|--|--|--|
| <p>35. a. Have you ever been found guilty of any administrative offense?</p><br><br><p>b. Have you been criminally charged before any court?</p>                                                                                                                                                                                                                                                                                                                                                                                           | <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <hr/> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>If YES, give details: _____</p> <p style="text-align: right;">Date Filed: _____</p> <p style="text-align: right;">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 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 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><br><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 type="checkbox"/> NO</p> <p style="text-align: right;">If YES, give details: _____</p><br><p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p style="text-align: right;">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 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, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), 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 type="checkbox"/> NO</p> <p>If YES, please specify: _____</p> <p><input type="checkbox"/> YES                      <input type="checkbox"/> NO</p> <p>If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES                      <input 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: 35%;">NAME</th> <th style="width: 35%;">OFFICE / RESIDENTIAL ADDRESS</th> <th style="width: 30%;">CONTACT NO. AND/OR EMAIL</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> |                                                                                                                                                                                                                                                                                                                                                                                           | NAME                                                                     | OFFICE / RESIDENTIAL ADDRESS | CONTACT NO. AND/OR EMAIL |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OFFICE / RESIDENTIAL ADDRESS                                                                                                                                                                                                                                                                                                                                                              | CONTACT NO. AND/OR EMAIL                                                 |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
| <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 style="padding: 2px;">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td style="padding: 2px;">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td style="padding: 2px;">Government Issued ID:</td> </tr> <tr> <td style="padding: 2px;">ID/License/Passport No.:</td> </tr> <tr> <td style="padding: 2px;">Date/Place of Issuance:</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:        | ID/License/Passport No.: | Date/Place of Issuance: | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 10px;">(wet signature/e-signature/digital certificate)</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Signature (Sign inside the box)</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Date Accomplished</td> </tr> </table> | (wet signature/e-signature/digital certificate) | Signature (Sign inside the box) | Date Accomplished |  |  |  |  |  |  |  |
| Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
| PLEASE INDICATE ID Number and Date of Issuance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
| Government Issued ID:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
| ID/License/Passport No.:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
| Date/Place of Issuance:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
| (wet signature/e-signature/digital certificate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
| Signature (Sign inside the box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
| Date Accomplished                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
| <p style="text-align: center;">SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</p><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 10px;">(wet signature/e-signature/digital certificate except for notary public)</td> </tr> <tr> <td style="text-align: center; padding: 5px;">Person Administering Oath</td> </tr> </table>                                                                |                                                                                                                                                                                                                                                                                                                                                                                           | (wet signature/e-signature/digital certificate except for notary public) | Person Administering Oath    |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
| (wet signature/e-signature/digital certificate except for notary public)                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |
| Person Administering Oath                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                              |                          |                         |                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                 |                   |  |  |  |  |  |  |  |

Passport-sized unfiltered digital picture taken within the last 6 months 4.5 cm. X 3.5 cm  
  
 PHOTO

Right Thumbmark