

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	JAKARIYA																		
FIRST NAME	MILHA	NAME EXTENSION (JR., SR)																	
MIDDLE NAME	TAIB																		
3. DATE OF BIRTH (mm/dd/yyyy)	3/15/1993	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	LAPURAP, TUBURAN, BASILAN	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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><i>House/Block/Lot No.</i></td> <td style="width: 40%;"><i>Street</i></td> </tr> <tr> <td></td> <td style="text-align: center;">BALOBO</td> </tr> <tr> <td><i>Subdivision/Village</i></td> <td><i>Barangay</i></td> </tr> <tr> <td style="text-align: center;">LAMITAN CITY</td> <td style="text-align: center;">BASILAN</td> </tr> <tr> <td><i>City/Municipality</i></td> <td><i>Province</i></td> </tr> <tr> <td colspan="2" style="text-align: center;">ZIP CODE</td> </tr> <tr> <td colspan="2" style="text-align: center;">7302</td> </tr> </table>	<i>House/Block/Lot No.</i>	<i>Street</i>		BALOBO	<i>Subdivision/Village</i>	<i>Barangay</i>	LAMITAN CITY	BASILAN	<i>City/Municipality</i>	<i>Province</i>	ZIP CODE		7302			
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LAMITAN CITY	BASILAN																		
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ZIP CODE																			
7302																			
7. HEIGHT (m)	1.57	18. PERMANENT ADDRESS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">25 DE LEON SUBD.</td> <td style="width: 40%;">SAMPAGUITA ROAD</td> </tr> <tr> <td><i>House/Block/Lot No.</i></td> <td><i>Street</i></td> </tr> <tr> <td></td> <td style="text-align: center;">GUIWAN</td> </tr> <tr> <td><i>Subdivision/Village</i></td> <td><i>Barangay</i></td> </tr> <tr> <td style="text-align: center;">ZAMBOANGA CITY</td> <td style="text-align: center;">ZAMBOANGA DEL SUR</td> </tr> <tr> <td><i>City/Municipality</i></td> <td><i>Province</i></td> </tr> <tr> <td colspan="2" style="text-align: center;">ZIP CODE</td> </tr> <tr> <td colspan="2" style="text-align: center;">7000</td> </tr> </table>	25 DE LEON SUBD.	SAMPAGUITA ROAD	<i>House/Block/Lot No.</i>	<i>Street</i>		GUIWAN	<i>Subdivision/Village</i>	<i>Barangay</i>	ZAMBOANGA CITY	ZAMBOANGA DEL SUR	<i>City/Municipality</i>	<i>Province</i>	ZIP CODE		7000	
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<i>City/Municipality</i>	<i>Province</i>																		
ZIP CODE																			
7000																			
8. WEIGHT (kg)	48	19. TELEPHONE NO.																	
9. BLOOD TYPE	"O" POSITIVE	20. MOBILE NO.	09103854856																
10. GSIS ID NO.	N/A	21. E-MAIL ADDRESS (if any)	Mimiejakariya@gmail.com																
11. PAG-IBIG ID NO.	1212-4065-4323																		
12. PHILHEALTH NO.	20-252319145-6																		
13. SSS NO.	101-3181-504																		
14. TIN NO.	736-069-834																		
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 (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	JAKARIYA			
FIRST NAME	HUSSIN	NAME EXTENSION (JR., SR)		
MIDDLE NAME	JALIL			
25. MOTHER'S MAIDEN NAME				
SURNAME	TAIB			
FIRST NAME	SAMSIYA			
MIDDLE NAME	AJUH		<i>(Continue on separate sheet if necessary)</i>	

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	JOSE RIZAL ELEMENTARY SCHOOL	N/A	1999	2005		2005	

SECONDARY	CLARET SCHOOL OF LAMITAN	N/A	2005	2009		2009	
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	UNIVERSIDAD DE ZAMBOANGA	BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY	2009	2013			
COLLEGE	DMC COLLEGE FOUNDATION, INC	BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY	2014	2016		2016	

(Continue on separate sheet if necessary)

SIGNATURE		DATE	January 1, 2022
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(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/01/2022
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(Continue on separate sheet if necessary)

SIGNATURE		DATE	01/01/2022
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: _____ Status of Case/s: _____
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: END OF CONTRACT
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, please specify: YAKAN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
CATHY VELOSO-PAHALAWAN, RMT	SAN RAFAEL, ISABELA CITY	09061677189
DR. NUR-KHAN P. ISTARUL, MD	TIPO-TIPO, BASILAN	9064417826
RICO R. DIRECTO, RN	BALOBO, LAMITAN CITY	9558073455



PHOTO

42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)	
PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	PRC
ID/License/Passport No.:	0088227
Date/Place of Issuance:	10/03/2018

Signature (Sign inside the box)
01/01/2022
Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath