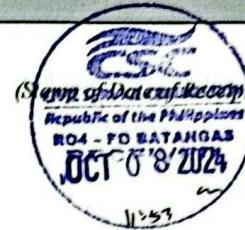


CS Form No. 33-B  
Revised 2018



Republic of the Philippines  
Province of Batangas  
MUNICIPALITY OF MATAASNAKAHOY



Ms. KIMBERLY M. FLORES

You are hereby appointed as Administrative Aide I (Utility Worker I) (SG-1) \_\_\_\_\_  
(Position Title)  
under Permanent status at the Office of the Municipal Health  
(Permanent, Temporary, etc.) (Office/Department/Unit)  
with a compensation rate of Thirteen Thousand Five Hundred Thirty P 13,530.00  
pesos per month.  
The nature of this appointment is Original vice \_\_\_\_\_  
(Original, Promotion, etc.)  
N/A, who Vacant with Plantilla Item No. 116  
(Transferred, Retired, etc.)  
Page 8.

This appointment shall take effect on the date of signing by the appointing officer/authority.

Very truly yours,

JANET MAGPANTAY ILAGAN.  
Municipal Mayor

October 1, 2024  
Date of Signing

Subject to six (6) months  
Probationary period

Accredited/Deregul 2200778 Jan 2022  
CSC R December 29, 2022  
dated De

DRY SEAL

(Stamp of Date of Release)

## Certification

This is to certify that all requirements and supporting papers pursuant to CSC MC No. 24, s. 2017, as amended, have been complied with, reviewed and found to be in order.

The position was published at CSC Job Portal from September 5, 2024 to September 20, 2024 and posted in CSC-FO Batangas, Public Market, Office Lobby from September 5, 2024 to September 20, 2024 in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on September 23, 2024..

  
**GALLY D. TIPAN**  
Mun. Human Res. Mgt. Officer

## Certification

This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB/Placement Committee during the deliberation held on September 26, 2024.

  
**JANET MAGPANTAY ILAGAN**,  
Municipal Mayor  
Chairperson, HRMPSB/Placement Committee

## CSC/HRMO Notation

| ACTION ON APPOINTMENTS   | Recorded by |        |
|--|-------------|--------|
| <input type="checkbox"/> Validated per RAI for the month of _____    |             |        |
| <input type="checkbox"/> Invalidated per CSCRO/FO letter dated _____ |             |        |
| <input type="checkbox"/> Appeal                                      | DATE FILED  | STATUS |
| <input type="checkbox"/> CSCRO/ CSC-Commission                       |             |        |
| <input type="checkbox"/> Petition for Review                         |             |        |
| <input type="checkbox"/> CSC-Commission                              |             |        |
| <input type="checkbox"/> Court of Appeals                            |             |        |
| <input type="checkbox"/> Supreme Court                               |             |        |

Original Copy - for the Appointee  
Original Copy - for the Civil Service Commission  
Original Copy - for the Agency

### Acknowledgement

Received original/photocopy of appointment on October 1, 2024

  
**KIMBERLY M. FLORES,**  
Appointee

**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                    | FLORES  |   |  |
| FIRST NAME                   | KIMBERLY  |   |  |
| MIDDLE NAME                  | MAGPANTAY   |   |  |
| 3 DATE OF BIRTH (mm/dd/yyyy) | October 12, 1997  | 16 CITIZENSHIP<br><br>If holder of dual citizenship,<br>please indicate the details | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |
| 4 PLACE OF BIRTH             | LIPA CITY DISTRICT HOSPITAL   |   |  |
| 5 SEX                        | <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female  |   |  |
| 6 CIVIL STATUS               | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS   | 066 RIZAL<br>House/Block/Lot No.<br>N/A<br>Subdivision/Village<br>MATAASNAKAHOY<br>City/Municipality<br>BATANGAS<br>Province   |
| 7. HEIGHT (m)                | 1.5   | ZIP CODE  | 4223   |
| 8. WEIGHT (kg)               | 68  | 18. PERMANENT ADDRESS   | 066 RIZAL<br>House/Block/Lot No.<br>N/A<br>Subdivision/Village<br>MATAASNAKAHOY<br>City/Municipality<br>BATANGAS<br>Province   |
| 9. BLOOD TYPE                | O   | ZIP CODE  | 4223   |
| 10. GSIS ID NO               | N/A   | 19. TELEPHONE NO.   | N/A  |
| 11. PAG-IBIG ID NO.          | N/A   | 20. MOBILE NO.  | 0926-596-2426 / 0961-141-0681  |
| 12. PHILHEALTH NO.           | 09-025605330-5  | 21. E-MAIL ADDRESS (if any)   | khmmymfirs@gmail.com   |
| 13. SSS NO.                  | 04-4447818-8  |   |  |
| 14. TIN NO.                  | 361-373-899-000   |   |  |
| 15. AGENCY EMPLOYEE NO.      | N/A   |   |  |

**II. FAMILY BACKGROUND**

|                         |                                     |                                  |  |                            |
|-------------------------|-------------------------------------|----------------------------------|--|----------------------------|
| 22 SPOUSE'S SURNAME     | FLORES                              |                                  | 23 NAME of CHILDREN (Write full name and list all) | DATE OF BIRTH (mm/dd/yyyy) |
| FIRST NAME              | JOHNALEKS                           | NAME EXTENSION (JR., SR.)<br>N/A | FLORES, ALEKSANDER MARCUS MAGPANTAY                | 02/27/2018                 |
| MIDDLE NAME             | GAMMAD<br>nothing follows           |                                  |  |                            |
| OCCUPATION              | CUSTOMER REPRESENTATIVE             |                                  |  |                            |
| EMPLOYER/BUSINESS NAME  | THE RESULTS COMPANIES               |                                  |  |                            |
| BUSINESS ADDRESS        | FIESTA MALL WORLD, MARAOY LIPA CITY |                                  |  |                            |
| TELEPHONE NO.           | N/A                                 |                                  |  |                            |
| 24 FATHER'S SURNAME     | MAGPANTAY                           |                                  |  |                            |
| FIRST NAME              | RUEL                                | NAME EXTENSION (JR., SR.)<br>N/A |  |                            |
| MIDDLE NAME             | CARAAN                              |                                  |  |                            |
| 25 MOTHER'S MAIDEN NAME |                                     |                                  |  |                            |
| SURNAME                 | EMBAY                               |                                  |  |                            |
| FIRST NAME              | JEARLY                              |                                  |  |                            |
| MIDDLE NAME             | ATAWAN                              |                                  |  |                            |

(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/UNITS EARNED<br>(if not graduated) | YEAR GRADUATED | SCHOLARSHIP/Academic Honors Received |
|---------------------------|------------------------------------|---|----------------------|------------|--|----------------|--------------------------------------|
|                           |                                    |   | From                 | To         |  |                |                                      |
| ELEMENTARY                | PAARALANG SENTRAL NG MATAASNAKAHOY | ELEMENTARY  | JUNE 2004            | MARCH 2010 | N/A  | 2010           | WITH HONORS                          |
| SECONDARY                 | BAYORBOR NATIONAL HIGH SCHOOL      | HIGHSCHOOL  | JUNE 2010            | MARCH 2014 | N/A  | 2014           | SECOND HONORABLE MENTION             |
| VOCATIONAL / TRADE COURSE | N/A                                | N/A   | N/A                  | N/A        | N/A  | N/A            | N/A                                  |
| COLLEGE                   | BATANGAS STATE UNIVERSITY-LIPA     | BACHELOR OF SCIENCE IN ACCOUNTING MANAGEMENT            | JUNE 2014            | JUNE 2018  | N/A  | 2018           | HENRY SY (SM) SCHOLAR                |
| GRADUATE STUDIES          | PHILIPPINE CHRISTIAN UNIVERSITY    | MASTERS IN MANAGEMENT<br>MAJOR IN PUBLIC ADMINISTRATION | MARCH 2024           | PRESENT    | N/A  | N/A            | N/A                                  |

(Continue on separate sheet if necessary)

|           |                    |      |                    |
|-----------|--------------------|------|--------------------|
| SIGNATURE | Kimberly Magpantay | DATE | September 10, 2024 |
|-----------|--------------------|------|--------------------|

CS FORM 212 (Revised 2017), Page 1 of 4

#### **IV CIVIL SERVICE ELIGIBILITY**

| 27. CAREER SERVICE / RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE<br>BARANGAY ELIGIBILITY / DRIVER'S LICENSE   |   | RATING<br>(If Applicable)   | DATE OF EXAMINATION / CONFERMENT            | PLACE OF EXAMINATION / CONFERMENT   |                       | LICENSE / M<br>NUMBER |
|--|---|---|---|---|-----------------------|-----------------------|
| CAREER SERVICE PROFESSIONAL EXAMINATION  |   | 82.17   | 08/07/2022                                  | BATANGAS CITY, BATANGAS   |                       | 1321                  |
| NOTHING FOLLOWS  |   |   |   |   |                       |                       |
| (Continue on separate sheet if necessary)  |   |   |   |   |                       |                       |
| <b>V. WORK EXPERIENCE</b><br><i>(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.</i> |   |   |   |   |                       |                       |
| 28. INCLUSIVE DATES<br>(mm/dd/yyyy)  | POSITION TITLE<br>(Write in full/Do not abbreviate)                                 | DEPARTMENT / AGENCY / OFFICE / COMPANY<br>(Write in full/Do not abbreviate) | MONTHLY SALARY                              | SALARY/ JOB PAY GRADE /<br>(If applicable) & STEP<br>(Format "00-0")<br>INCREMENT | STATUS OF APPOINTMENT | GOVT SERVICE (Y/N)    |
| From   | To  |   |   |   |                       |                       |
| 07/05/2023   | PRESENT   | CLERICAL AIDE   | LOCAL GOVERNMENT UNIT OF MATAASNAKAHOY      | 7,000.00  | N/A                   | JOB ORDER             |
| 01/13/2022   | 06/30/2023  | CONTACT TRACER  | LOCAL GOVERNMENT UNIT OF MATAASNAKAHOY      | 7,000.00  | N/A                   | JOB ORDER             |
| 11/18/2020   | 12/31/2020  | CONTACT TRACER  | DEPARTMENT OF INTERIOR AND LOCAL GOVERNMENT | 18,784.00   | SG 9                  | CONTRACT OF SEVICE    |
| NOTHING FOLLOWS  |   |   |   |   |                       |                       |
| (Continue on separate sheet if necessary)  |   |   |   |   |                       |                       |
| <b>SIGNATURE</b>   |  |   | <b>DATE</b>                                 | September 10, 2024  |                       |                       |

(Continue on separate sheet if necessary)

**SIGNATURE**

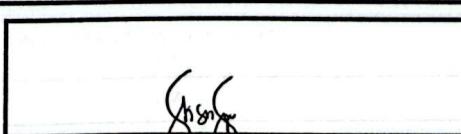
Stinson

DATE

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September 10, 2024



|   |  |  |
|---|--|--|
| <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> <ol style="list-style-type: none"> <li>within the third degree?</li> <li>within the fourth degree (for Local Government Unit - Career Employees)?</li> </ol>  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____  |  |
| <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>   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details:<br>Date Filed: _____<br>Status of Case/s: _____   |  |
| <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>   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____   |  |
| <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>  | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, give details:<br><b>CONTRACT OF SERVICE-DILG</b>  |  |
| <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>   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details: _____   |  |
| <p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>   | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, give details (country): _____   |  |
| <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> <ol style="list-style-type: none"> <li>Are you a member of any indigenous group?</li> <li>Are you a person with disability?</li> <li>Are you a solo parent?</li> </ol>  | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify ID No.: _____<br><br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO<br>If YES, please specify ID No.: _____ |  |
| <p>41. REFERENCES (Person not related by consanguinity or affinity to applicant/appointee)</p>  |  |  |
|   | ADDRESS  | TEL. NO.   |
| KARLA MANALO CARAAN, MD   | BRGY. SAN SEBASTIAN,<br>MATAASNAKAHOY, BATANGAS  | 0917-582-1393  |
| JOAN KRISTINE P. ALVAREZ, RN MAN  | LEMERY, BATANGAS   | 0916-750-6690  |
| DEBBIE M. LESCANO, RMT  | BRGY. II-A, MATAASNAKAHOY,<br>BATANGAS   | 0915-881-6400  |
| <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> |  | <br><i>Signature</i><br><b>KIMBERLY M. FLORES</b> |
| <p>Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)<br/> <b>PLEASE INDICATE ID Number and Date of Issuance</b></p>  |  |    |
| <p>Government Issued ID: <b>PASSPORT</b></p>  |  |    |
| <p>ID/License/Passport No.: <b>P0090795C</b></p>  |  | <p>Signature (Sign inside the box)</p>   |
| <p>Date/Place of Issuance: <b>MAY 2022 / LIPA CITY, BATANGAS</b></p>  |  | <p>September 10, 2024</p>  |
| <p>Date Accomplished</p>  |  | <p>Right Thumbmark</p>   |
| <p>SUBSCRIBED AND SWORN to before me this <u>10th day of Sept. 2024</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p>  |  |  |
| <p><br/> <b>GALLY D. TIPAN</b></p>   |  |  |
| <p>Municipal Human Resource Management Officer</p>  |  |  |

**WORK EXPERIENCE SHEET**

**Instructions:** 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: July 5, 2023 - Present
- Position: Job Order
- Name of Office/Unit: Mataasnakahoy Rural Health Unit, Mataasnakahoy, Batangas
- Immediate Supervisor: Karla Manalo Caraan, MD
- Name of Agency/Organization and Location: Local Government Unit of Mataasnakahoy
  - List of Accomplishments and Contributions (if any)
    - Developed Community Based Drug Rehabilitation Program Manual of Mataasnakahoy
    - Developed Standard Operating Procedure of Mataasnakahoy Rural Health Unit
    - Contributed to the formulation of Mataasnakahoy Disaster Risk Management in Health (MDDRM-H) Plan
  - Summary of Actual Duties
    - Assists in preparation of Purchase Request, Canvass, Purchase Order of supplies and equipment of Municipal Health Office.
    - Encoding of different documents and reports.
    - Filing of Incoming and Outgoing Letters
    - Encoding of patients record at IClinicsys and My Philhealth Portal.
    - Validation of IClinicSys Report.
    - Prepare communication letters.
    - Perform other duties in different areas that may be assigned from time to time.
- Duration: January 13, 2022 - June 30, 2023
- Position: Job Order
- Name of Office/Unit: Mataasnakahoy Rural Health Unit, Mataasnakahoy, Batangas
- Immediate Supervisor: Karla Manalo Caraan, MD
- Name of Agency/Organization and Location: Local Government Unit of Mataasnakahoy
  - List of Accomplishments and Contributions (if any)
  - Summary of Actual Duties
    - Conduct case interviews, profiling and perform an initial public health risk assessment of COVID-19 cases and their identified close contacts.
    - Collaborate with other government agencies and private sector for the conduct of enhanced contact tracing.
    - Received queries from identified close and general contacts, provide advice and take action.
    - Conduct daily monitoring of close and general contacts for a least 14 days.
    - Ensure accurate, up-to-date records of contacts/action by completion of relevant records and compliance with team handover procedures.
- Duration: November 13, 2020 – December 31, 2020
- Position: Contact Tracer
- Name of Office/Unit: Mataasnakahoy Rural Health Unit, Mataasnakahoy, Batangas

- Immediate Supervisor: Karla Manalo Caraan, MD
- Name of Agency/Organization and Location: Department of Interior and Local Government (DILG) Region IV-A CALABARZON
  - List of Accomplishments and Contributions (if any)
  - Summary of Actual Duties
    - Conduct tracing of the possible Covid-19 patients to minimize the spread of the virus.
    - Produces basic needs in collaboration with the LGU's.
    - Monitors the health and safety of the Covid-19 patients and close contact.
    - Be able to modify and adapt methods of communication to account for the differing needs of contacts especially in stressful and difficult situations and ensure polite, efficient and appropriate communications at all times.
    - Distribution of IEC materials for promoting safety protocols to prevent the spread of the virus.
    - Making reports of successfully monitoring and tracing of Covid-19 patients to be submitted at DOH and DILG Region IV-A.
    - Indulging Advocacies in the Barangay with the cooperation of Brgy. Officials, Nurse and BHW in promoting a good welfare in the community.

  
**KIMBERLY M. FLORES**  
(Signature over Printed Name  
of Employee/Applicant)

Date: September 10, 2024



Republic of the Philippines  
Province of Batangas  
**MUNICIPALITY OF MATAASNAKAHOY**

## CERTIFICATION

TO WHOM IT MAY CONCERN:

This is to certify that in connection with the appointment of Ms. KIMBERLY M. FLORES as Administrative Aide I (Utility Worker I) in the Office of the Municipal Health of this municipality, all pertinent requirements contained in RA 7160 in Section 325 on limitation of personal services in the total annual/supplemental appropriation, salary rate, etc., have been complied with.

JANET MAGPANTAY ILAGAN,  
Municipal Mayor



Republic of the Philippines  
Province of Batangas  
**MUNICIPALITY OF MATAASNAKAHOY**

**OFFICE OF THE MUNICIPAL ACCOUNTANT**

**CERTIFICATION**

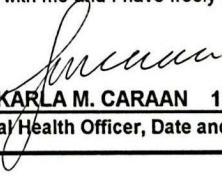
**THIS IS TO CERTIFY** that funds are available for the position of Administrative Aide I (Utility Worker I), in the Office of the Municipal Health of this municipality, with Salary Grade 1 amounting to ONE HUNDRED SIXTY TWO THOUSAND THREE HUNDRED SIXTY PESOS (P 162,360.00) per annum as per Annual Budget CY-2024 of this municipality.

Issued this 1st day of October , 2024 at Mataasnakahoy, Batangas.

A handwritten signature in black ink, appearing to read "Lenilyn C. Caraan".

**LENILYN C. CARAAN**  
Municipal Accountant

|  |                                     |  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
|--|-------------------------------------|--|--------------------------|--|-------------------------------------|------|------------|-----------------|----------|-----------|----------|------------|----------|-----------------------|----------|----------------|-----------|----------------|-----------|-----|----------|
| <b>Republic of the Philippines</b><br><b>POSITION DESCRIPTION FORM</b><br><b>DBM-CSC Form No. 1</b><br><small>(Revised Version No. 1, s. 2016)</small> |                                     | <b>1. POSITION TITLE (as approved by authorized agency) with parenthetical title</b><br><br><b>Administrative Aide I</b><br><b>(Utility Worker I)</b>                      |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| <b>2. ITEM NUMBER</b>  |                                     | <b>3. SALARY GRADE</b>   |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| 116  |                                     | 1  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| <b>4. FOR LOCAL GOVERNMENT POSITION, ENUMERATE GOVERNMENTAL UNIT AND CLASS</b>   |                                     |  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| <input type="checkbox"/> Province<br><input checked="" type="checkbox"/> City<br><input checked="" type="checkbox"/> Municipality                      |                                     | <input checked="" type="checkbox"/> 1st Class<br><input type="checkbox"/> 2nd Class<br><input type="checkbox"/> 3rd Class<br><input checked="" type="checkbox"/> 4th Class |                          | <input type="checkbox"/> 5th Class<br><input type="checkbox"/> 6th Class<br><input type="checkbox"/> Special   |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| <b>5. DEPARTMENT, CORPORATION OR AGENCY/<br/>LOCAL GOVERNMENT</b>  |                                     | <b>6. BUREAU OR OFFICE</b>   |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| Local Government Unit of Mataasnakahoy, Batangas   |                                     | Office of the Municipal Health   |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| <b>7. DEPARTMENT / BRANCH / DIVISION</b>   |                                     | <b>8. WORKSTATION / PLACE OF WORK</b>  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
|  |                                     | Office of the Municipal Health   |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| <b>9. PRESENT APPROP<br/>ACT</b>   | <b>10. PREVIOUS APPROP ACT</b>      | <b>11. SALARY AUTHORIZED</b>   |                          | <b>12. OTHER COMPENSATION</b>  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| SB Resolution No. 182-S-2024/ Ordinance of Budget No. 25-S-2024  | N/A                                 | P 13,530.00  |                          | <table> <tr> <td>PERA</td> <td>P 2,000.00</td> </tr> <tr> <td>Clothing Allow.</td> <td>7,000.00</td> </tr> <tr> <td>Cash Gift</td> <td>5,000.00</td> </tr> <tr> <td>Hazard Pay</td> <td>3,382.50</td> </tr> <tr> <td>Subsistence Allowance</td> <td>1,025.00</td> </tr> <tr> <td>Year End Bonus</td> <td>13,530.00</td> </tr> <tr> <td>Mid-year Bonus</td> <td>13,530.00</td> </tr> <tr> <td>PEI</td> <td>5,000.00</td> </tr> </table> |                                     | PERA | P 2,000.00 | Clothing Allow. | 7,000.00 | Cash Gift | 5,000.00 | Hazard Pay | 3,382.50 | Subsistence Allowance | 1,025.00 | Year End Bonus | 13,530.00 | Mid-year Bonus | 13,530.00 | PEI | 5,000.00 |
| PERA   | P 2,000.00                          |  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| Clothing Allow.  | 7,000.00                            |  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| Cash Gift  | 5,000.00                            |  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| Hazard Pay   | 3,382.50                            |  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| Subsistence Allowance  | 1,025.00                            |  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| Year End Bonus   | 13,530.00                           |  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| Mid-year Bonus   | 13,530.00                           |  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| PEI  | 5,000.00                            |  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| <b>13. POSITION TITLE OF IMMEDIATE SUPERVISOR</b>  |                                     | <b>14. POSITION TITLE OF NEXT HIGHER SUPERVISOR</b>  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| Municipal Health Officer   |                                     | N/A  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| <b>15. POSITION TITLE, AND ITEM OF THOSE DIRECTLY SUPERVISED</b><br><i>(if more than seven (7) list only by their item numbers and titles)</i>         |                                     |  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| <b>POSITION TITLE</b>  |                                     | <b>ITEM NUMBER</b>   |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| N/A  |                                     | N/A  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| <b>16. MACHINE, EQUIPMENT, TOOLS, ETC., USED REGULARLY IN PERFORMANCE OF WORK</b>  |                                     |  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| Computer, Printer, Calculator, Roll meter/tape measure, Logbook, Telephone, Ballpen  |                                     |  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| <b>17. CONTACTS / CLIENTS / STAKEHOLDERS</b>   |                                     |  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| <b>17a. Internal</b>   | <b>Occasional</b>                   | <b>Frequent</b>  | <b>17b. External</b>     | <b>Occasional</b>  | <b>Frequent</b>                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| Executive / Managerial   |                                     |  | General Public           | <input type="checkbox"/>   | <input checked="" type="checkbox"/> |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| Supervisors  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Other Agencies           | <input checked="" type="checkbox"/>  | <input type="checkbox"/>            |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| Non-Supervisors  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   | Others (Please Specify): |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| Staff  | <input checked="" type="checkbox"/> | <input type="checkbox"/>   |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| <b>18. WORKING CONDITION</b>   |                                     |  |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| Office Work  | <input type="checkbox"/>            | <input type="checkbox"/>   | Other/s (Please Specify) |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |
| Field Work   | <input checked="" type="checkbox"/> | <input type="checkbox"/>   |                          |  |                                     |      |            |                 |          |           |          |            |          |                       |          |                |           |                |           |     |          |

|  |   |  |  |
|--|---|--|--|
| <b>19. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE UNIT OR SECTION</b>  |   |  |  |
| Develop plans and strategies with regards to health programs; execute and enforce laws, ordinances and regulations relating to public health; frontliner in the delivery of health services.   |   |  |  |
| <b>20. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE POSITION (Job Summary)</b>   |   |  |  |
| Maintain cleanliness and orderliness of the workplace and does other related work.   |   |  |  |
| <b>21. QUALIFICATION STANDARDS</b>   |   |  |  |
| <b>21a. Education</b>  | <b>21b. Experience</b>  | <b>21c. Training</b>   | <b>21d. Eligibility</b>                  |
| Must be able to read and write   | None Required   | None Required  | None Required<br>(MC 11, s. 96- Cat III) |
| <b>21e. Core Competencies</b>  |   |  | <b>Competency Level</b>                  |
| None Yet   |   |  | None Yet                                 |
| <b>21f. Leadership Competencies</b>  |   |  | <b>Competency Level</b>                  |
| None Yet   |   |  | None Yet                                 |
| <b>22. STATEMENT OF DUTIES AND RESPONSIBILITIES (Technical Competencies)</b>   |   |  |  |
| <i>Percentage of Working Time</i>  | (State the duties and responsibilities here:)   |  |  |
| 15%  | Maintain cleanliness and orderliness of the office;   |  |  |
| 25%  | Prepare Annual Supplies and Procurement Plan;   |  |  |
| 25%  | Inventory of drugs and medicines, medical, dental and laboratory supplies;                                |  |  |
| 20%  | Responsible for record keeping of documents, reports and other important files;                           |  |  |
| 15%  | Perform other duties and responsibilities that may be assigned by immediate supervisor from time to time; |  |  |
| <b>23. ACKNOWLEDGMENT AND ACCEPTANCE:</b>  |   |  |  |
| I have received a copy of this position description. It has been discussed with me and I have freely chosen to comply with the performance and behavior/conduct expectations contained herein. |   |  |  |
| <br><u>KIMBERLY M. FLORES 10/01/2024</u><br>Employee's Name, Date and Signature                             |   | <br><u>DRA. KARLA M. CARAAN 10/01/2024</u><br>Municipal Health Officer, Date and Signature |  |



## Civil Service Commission Regional Office IV



KIMBERLY M. FLORES

RO4-230502-023

Republic of the Philippines  
Civil Service Commission  
Quezon City

### Certification of Eligibility

This is to certify that  
**KIMBERLY M. FLORES**

has been granted a Civil Service Eligibility for passing/qualifying in the  
**CAREER SERVICE PROFESSIONAL EXAMINATION**  
with a rating of 82.17 conducted by the Civil Service Commission  
in BATANGAS CITY, BATANGAS on AUGUST 7, 2022.

His/her name has been entered in the official Register of Eligibles.  
Issued this 2<sup>nd</sup> day of MAY, 2023.

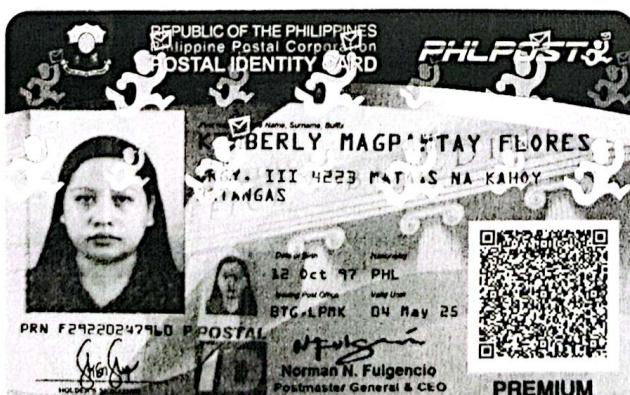
Date of Birth  
Place of Birth  
Book Number  
Page Number  
SN/LN  
EN/CN  
Date Released

October 12, 1997  
LIPA CITY BATS  
CSE-PPT 08.07.2022  
67  
1321  
206572  
October 6, 2022

By Authority of the Commission

**RODOLFO M. MANALO**  
Acting Chief HR Specialist, ESD  
CSC RO IV

WARNING: *Illegal use of this certification shall subject the owner and/or perpetrator to administrative sanction and/or criminal prosecution.  
Any alteration, erasure, or without the official seal of the Commission shall invalidate this certification.*



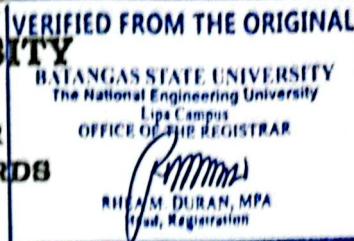
CERTIFIED AUTHENTICATED COPY

**JOHN HOMER M. ALIM**  
Human Resource Specialist II  
Examination Services Division

230502-00019 \*

Bawat Kawani, Lingkod Bayani

Republic of the Philippines  
**BATANGAS STATE UNIVERSITY**  
Lipa City, Batangas  
OFFICE OF THE UNIVERSITY REGISTRAR  
**OFFICIAL TRANSCRIPT OF RECORDS**



|                             |  |  |  |                      |                                      |  |
|-----------------------------|--|--|--|----------------------|--------------------------------------|--|
| Name                        | : MAGPANTAY, KIMBERLY EMBAY                        |  |  | Sex                  | : Female                             |  |
| Date of Birth               | : October 12, 1997                                 |  |  | Parent/ Guardian     | : Ruel Magpantay                     |  |
| Place of Birth              | : Lipa City District Hospital, Lipa City, Batangas |  |  | Address              | : Brgy. III, Mataasnakahoy, Batangas |  |
| <b>ENTRANCE DATA</b>        |  |  |  |                      |                                      |  |
| Basis of Admission          | : Form 137-A                                       |  |  | Year Admitted        | : First Semester 2014-2015           |  |
| Admitted To                 | : College of Accountancy, Business and Economics   |  |  | High School/ College | : Bayorbor National High School      |  |
| Degree Program              | : Bachelor of Science In Accounting Management     |  |  | Address              | : Mataasnakahoy, Batangas            |  |
| <b>RECORD OF GRADUATION</b> |  |  |  |                      |                                      |  |
| Elementary                  | : Mataasnakahoy Central School                     |  |  | Year Graduated       | : 2010                               |  |
| Secondary                   | : Bayorbor National High School                    |  |  | Year Graduated       | : 2014                               |  |
| Degree/ Title               | : Bachelor of Science In Accounting Management     |  |  | Minor(s)             | : X-X-X                              |  |
| Major(s)                    | : X-X-X  |  |  | Honors/ Distinction  | : X-X-X                              |  |
| Date of Graduation          | : June 19, 2018                                    |  |  |                      |                                      |  |

| Course Code                             |     | Course Description                                       | Final Grades | Credits |
|---|-----|--|--------------|---------|
| <b><u>First Semester 2014-2015</u></b>  |     |  |              |         |
| ACCT                                    | 101 | Fundamentals of Accounting I                             | 1.75         | 6       |
| ENG                                     | 101 | Advanced Grammar and Composition                         | 1.50         | 3       |
| FIL                                     | 101 | Komunikasyon sa Akademikong Filipino                     | 1.25         | 3       |
| MATH                                    | 103 | College Algebra  | 2.00         | 3       |
| NS                                      | 101 | Earth and Environmental Sciences                         | 1.25         | 3       |
| NSTP                                    | 101 | National Service Training Program I                      | 1.25         | 3       |
| PE                                      | 101 | Physical Fitness, Gymnastics and Aerobics                | 1.50         | 2       |
| SS                                      | 101 | General Psychology                                       | 1.50         | 3       |
| <b><u>Second Semester 2014-2015</u></b> |     |  |              |         |
| ACCT                                    | 102 | Fundamentals of Accounting II                            | 2.25         | 6       |
| ENG                                     | 102 | Study and Thinking Skills in English                     | 2.50         | 3       |
| FIL                                     | 102 | Pagbasa at Pagsulat Tungo sa Pananaliksik                | 1.75         | 3       |
| HUM                                     | 101 | Introduction to Humanities: Art Appreciation             | 1.50         | 3       |
| MGT                                     | 101 | Principles of Management                                 | 1.50         | 3       |
| NS                                      | 102 | Biological Sciences                                      | 1.50         | 3       |
| NSTP                                    | 102 | National Service Training Program II<br>(C-04-002811-15) | 1.25         | 3       |
| PE                                      | 102 | Rhythmic Activities                                      | 1.25         | 2       |
| <b><u>First Semester 2015-2016</u></b>  |     |  |              |         |
| ACCT                                    | 203 | Financial Accounting and Reporting I                     | 2.75         | 6       |
| ACCT                                    | 204 | Cost Accounting and Cost Management I                    | 1.50         | 3       |
| COMP                                    | 101 | Introduction to Computer Science                         | 1.50         | 3       |
| ENG                                     | 103 | Oral Communication                                       | 2.00         | 3       |
| FIN                                     | 101 | Basic Finance: Money, Banking and Credit                 | 1.75         | 3       |

\*\*\*\*\*Continuation on Sheet 2\*\*\*\*\*

| <b>GRADING SYSTEM</b>            |   |           |      |   |                     |
|----------------------------------|---|-----------|------|---|---------------------|
| 1.00                             | - | Excellent | 2.00 | - | Meritorious         |
| 1.25                             | - | Superior  | 2.25 | - | Very Satisfactory   |
| 1.50                             | - | Very Good | 2.50 | - | Satisfactory        |
| 1.75                             | - | Good      | 2.75 | - | Fairly Satisfactory |
|                                  |   |           | 3.00 | - | Passing             |
| <i>(Handwritten Grade Scale)</i> |   |           |      |   |                     |

Prepared by:

*M. Morada*  
**MELODY S. MORADA**  
Administrative Aide VI

Verified by:

*Anicia M. Villena*  
**ANICIA M. VILLENA, MPA**  
Registrar I

Certified Correct:

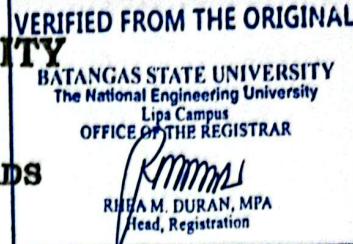
*M. Mendoza*  
**MERLITA B. MENDOZA**  
University Registrar

Date : September 26, 2018

*Not valid without university dry seal and original signature of the University Registrar*

LC-TOR  
4594

Republic of the Philippines  
**BATANGAS STATE UNIVERSITY**  
Lipa City, Batangas  
OFFICE OF THE UNIVERSITY REGISTRAR  
**OFFICIAL TRANSCRIPT OF RECORDS**



Name : MAGPANTAY, KIMBERLY EMBAY

| Course Code                      | Course Description  | Final Grades | Credits |
|----------------------------------|---|--------------|---------|
| <b>First Semester 2015-2016</b>  |   |              |         |
| HUM 102                          | Introduction to Philosophy                                  | 1.50         | 3       |
| MATH 118                         | Mathematics of Investment                                   | 2.00         | 3       |
| PE 103                           | Individual and Dual Sports                                  | 1.25         | 2       |
| <b>Second Semester 2015-2016</b> |   |              |         |
| ACCT 205                         | Financial Accounting and Reporting II                       | 2.00         | 6       |
| ACCT 206                         | Cost Accounting and Cost Management II                      | 1.75         | 3       |
| ENG 104                          | Technical Writing   | 1.75         | 3       |
| FIN 102                          | Financial Management I                                      | 2.25         | 3       |
| LAW 101                          | Laws on Obligations and Contracts                           | 2.25         | 3       |
| LIT 101                          | Literatures of the Philippines                              | 1.25         | 3       |
| PE 104                           | Team Sports   | 1.75         | 2       |
| STAT 103                         | Business Statistics   | 2.25         | 3       |
| <b>Midterm Class 2016</b>        |   |              |         |
| COMP 104                         | Database Theory and Applications                            | 1.75         | 3       |
| SS 104                           | Life and Works of Rizal                                     | 1.25         | 3       |
| SS 106                           | Politics and Governance with Philippine Constitution        | 2.00         | 3       |
| <b>First Semester 2016-2017</b>  |   |              |         |
| ACCT 307                         | Financial Accounting and Reporting III                      | 2.25         | 3       |
| ACCT 308                         | Management Accounting                                       | 2.00         | 6       |
| LAW 102                          | Laws on Business Organization                               | 1.50         | 3       |
| MATH 122                         | Quantitative Techniques In Business                         | 3.00         | 3       |
| MGT 102                          | Human Behavior In Organization                              | 1.75         | 3       |
| MKT 101                          | Principles of Marketing                                     | 1.25         | 3       |
| SS 102                           | Philippine History  | 1.75         | 3       |
| TAX 101                          | Income Taxation   | 2.25         | 3       |
| <b>Second Semester 2016-2017</b> |   |              |         |
| ACCT 309                         | Management Consultancy                                      | 2.25         | 3       |
| COMP 105                         | Fundamentals of Information Systems and Systems Development | 1.50         | 3       |
| LAW 103                          | Sales Agency, Labor and Other Commercial Laws               | 2.25         | 3       |
| MGT 104                          | Production and Operations Management                        | 1.50         | 3       |
| MGT 108                          | Business Policy and Strategy                                | 1.25         | 3       |
| MGT 109                          | Business Ethics   | 1.50         | 3       |
| RES 101                          | Introduction to Research                                    | 1.75         | 3       |
| SS 103                           | Society and Culture with Responsible Parenthood             | 1.25         | 3       |
| SS 116                           | Personality Development                                     | 1.50         | 3       |
| <b>First Semester 2017-2018</b>  |   |              |         |
| FIN 103                          | Financial Management II                                     | 1.50         | 3       |
| LAW 104                          | Laws on Negotiable Instruments                              | 2.25         | 3       |
| MGT 103                          | Human Resource Management                                   | 2.00         | 3       |
| MKT 410                          | Marketing Management  | 1.50         | 3       |
| RES 102                          | Thesis Writing  | 1.50         | 3       |

\*\*\*\*\*Continuation on Sheet 3\*\*\*\*\*

Prepared by:

**MELODY S. MORADA**  
Administrative Aide VI

Verified by:

**ANICIA M. VILLENA, MPA**  
Registrar I

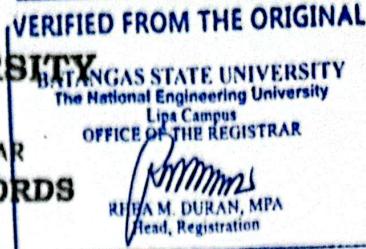
Certified Correct:

**MERLITA B. MENDOZA**  
University Registrar

Date : September 26, 2018

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original signature of the University Registrar*

Republic of the Philippines  
**BATANGAS STATE UNIVERSITY**  
Lipa City, Batangas  
OFFICE OF THE UNIVERSITY REGISTRAR  
**OFFICIAL TRANSCRIPT OF RECORDS**



Name : MAGPANTAY, KIMBERLY EMBAY

| Course Code  | Course Description                            | Final Grades | Credits |
|--|---|--------------|---------|
| <b>First Semester 2017-2018</b>  |   |              |         |
| SS 105   | Basic Economics with Taxation and Land Reform | 1.50         | 3       |
| TAX 102  | Business and Transfer Tax                     | 2.25         | 3       |
| <b>Second Semester 2017-2018</b>   |   |              |         |
| ACTM 402   | Internship Training for Accounting Management | 1.50         | 10      |
| <b>GRADUATED WITH THE DEGREE OF BACHELOR OF SCIENCE IN ACCOUNTING<br/>MANAGEMENT AS PER BOARD RESOLUTION NO. 077 SERIES 2018</b> |   |              |         |
| *****TRANSCRIPT CLOSED*****  |   |              |         |

**CERTIFICATION**

This certifies that under Republic Act No. 9045, BATANGAS STATE UNIVERSITY  
is exempted from issuing Special Order by the Commission on Higher Education.

Prepared by:

  
**MELODY S. MORADA**  
Administrative Aide VI

Verified by:

  
**ANTICIA M. VILLENA, MPA**  
Registrar I

Certified Correct:

  
**MERLITA B. MENDOZA**  
University Registrar

Date : September 26, 2018

Not valid without university dry seal and  
original signature of the University Registrar



LC-TOR  
4596

VERIFIED FROM THE ORIGINAL

BATANGAS STATE UNIVERSITY  
The National Engineering University  
Lipa Campus

OFFICE OF THE REGISTRAR

  
RHEA M. DURAN, MPA  
Head, Registration

Republika ng Pilipinas  
Republic of the Philippines

# Batangas State University

PAMBANSANG PAMANTASAN NG BATANGAS

Lipa City, Batangas

Sa Lahat ng Makatutunghay sa Kasulatang ito,

To All Whom This Presents May Come,

Mapitagang Bati:

Greetings:

*ipinabatid na ang Lupon ng mga Katiwala, sa bisa ng kapangyarihang*

Be it known that the Board of Regents, by virtue of the authority

*inanghalook dito ng Republika ng Pilipinas at sa rekomenasyon ng Sangguniang Pang-akademiko ng Pamantasan*  
vested in it by the Republic of the Philippines and upon recommendation of the University Academic Council

*ay naggawad kay*

has conferred upon

## Kimberly E. Magpantay

*na nakatugon sa lahat ng mga kahilingan na may kaugnayan sa degring*

who has completed all the requirements pertaining thereto the degree of

### Batsilyer ng Agham sa Pamamahalang Pampagtutuos

(Bachelor of Science in Accounting Management)

*lakip ang lahat ng mga karapatan, karanganan at privilehiyo gayun din ang mga tungkulin at pananagutang*  
with all the rights, honors and privileges as well as the obligations and responsibilities  
*nauukol dito. Bilang katurayan, taglay nito ang tatah ng Pamantasan*  
appertaining thereto. In witness thereof, the seal of the University  
*at ang lagda ng Tagatala at Pangulo.*

and the signatures of the University Registrar and University President are hereunto affixed.

*Nilagdaan ngayong ika-19 ng Hunyo 2018 sa Lungsod ng Batangas, Pilipinas.*

Signed this 19<sup>th</sup> day of June 2018 at Batangas City, Philippines.



MERLITA B. MENDOZA  
TAGATALA  
Registrar

  
TIRSO A. RONQUILLO, Ph.D.  
PANGULO  
President

MEDICAL CERTIFICATE  
(For Employment)

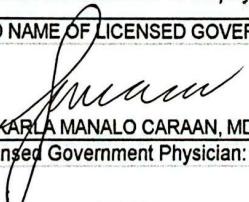
INSTRUCTIONS

- a. This medical certificate should be accomplished by a licensed government physician.  
b. Attach this certificate to original appointment, transfer and reemployment.  
c. The results of the following pre-employment medical/physical/psychological must be attached to this form:
- Blood Test  
 Urinalysis  
 Chest X-Ray  
 Drug Test  
 Psychological Test  
 Neuro-Psychiatric Examination (if applicable)

FOR THE PROPOSED APPOINTEE

|   |        |  |  |
|---|--------|--|--|
| NAME (Last Name, First Name, Name Extension (if any) and Middle Name) |        | AGENCY / ADDRESS   |  |
| FLORES, KIMBERLY MAGPANTAY  |        | LOCAL GOVERNMENT UNIT OF MATAASNAKHOY / BRGY. IV, MATAASNAKHOY, BATANGAS |  |
| ADDRESS   |        |  |  |
| BRGY. III, MATAASNAKHOY, BATANGAS                                     |        |  |  |
| AGE   | SEX    | CIVIL STATUS   | PROPOSED POSITION                        |
| 26  | FEMALE | MARRIED  | ADMINISTRATIVE AIDE I (UTILITY WORKER I) |

FOR THE LICENSED GOVERNMENT PHYSICIAN

|  |  |                               |                 |
|--|--|-------------------------------|-----------------|
| <i>I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.</i> |  |                               |                 |
| SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PHYSICIAN:<br><br><br>KARLA MANALO CARAAN, MD  | OTHER INFORMATION ABOUT THE PROPOSED<br><br> |                               |                 |
| AGENCY/Affiliation of Licensed Government Physician:<br><br>113447   |  |                               |                 |
| LICENSE NO.<br><br>MUNICIPAL HEALTH OFFICER  | HEIGHT (M)<br>Bare Foot<br>152   | WEIGHT (KG)<br>Stripped<br>68 | BLOOD TYPE<br>O |
| OFFICIAL DESIGNATION   | DATE EXAMINED  |                               |                 |

(Accreditation No. 130)

Valid for One Year from Date of Issue



2<sup>ND</sup> Floor LIPA CITY COMMERCIAL CENTER, A. MABINI St. Cor. P. Torres St. Lipa City, Batangas

Tel No. : (043) 757-4675 Mobile No. : 09171367258

Name:  
Age :

**FLORES, KIMBERLY M.**  
**26** Sex : **FEMALE**

Patient Pin: **SJHI 99174**  
Company: **WALK IN**

Sample Date: **September 16, 2024**

**LABORATORY REPORT  
HEMATOLOGY**

| DESCRIPTION       | RESULT                 | REFERENCE VALUES  |
|-------------------|------------------------|---|
| RED BLOOD CELLS   | 5.15                   | FEMALE : $4.0-5.4 \times 10^{12}/L$ MALE : $4.6-6.0 \times 10^{12}/L$ |
| HEMOGLOBIN        | 143                    | FEMALE : 120-160g/L MALE : 140-180g/L                                 |
| HEMATOCRIT        | 0.44                   | FEMALE : 0.37-0.47 MALE: 0.40-0.54                                    |
| MCV               | 85.0                   | 76-100 fL   |
| MCH               | 27.8                   | 27-32 pg  |
| MCHC              | 32.6                   | 32-36%  |
| WHITE BLOOD CELLS | 11.5                   | $5.0-10.0 \times 10^9/L$  |
| Segmenters        | 0.50                   | 0.55-0.68   |
| Lymphocytes       | 0.46                   | 0.25-0.39   |
| Monocytes         | 0.04                   | 0.02-0.08   |
| PLATELET COUNT    | 446                    | $150-450 \times 10^9/L$   |
| BLOOD TYPING      | <b>"O" Rh POSITIVE</b> |   |
| HBsAg SCREENING   |                        |   |

**CLINICAL MICROSCOPY**

| DESCRIPTION      | RESULT          | NORMAL VALUE | DESCRIPTION       | RESULT   | NORMAL VALUE |
|------------------|-----------------|--------------|-------------------|----------|--------------|
| COLOR            | LIGHT YELLOW    |              | WHITE BLOOD CELLS | 0-2/HPF  |              |
| TRANSPARENCY     | SLIGHTLY TURBID |              | RED BLOOD CELLS   | 0-2/HPF  |              |
| PH               | 6.0             | 5.0-8.0      | A. URATES         | FEW      |              |
| SPECIFIC GRAVITY | 1.005           | 1.005-1.030  | EPITHELIAL CELLS  | MODERATE |              |
| SUGAR            | NEGATIVE        | NEGATIVE     | BACTERIA          | FEW      |              |
| PROTEIN          | NEGATIVE        | NEGATIVE     | MUCUS THREADS     |          |              |
| PREGNANCY TEST   |                 |              |                   |          |              |

**REMARKS:**

*KJR*  
**KRESTA XIÑA R. TUMBAGA, RMT**  
MEDICAL TECHNOLOGIST LIC# 55185

*R.E.*  
**ROBERTO M. ESTOLANO, RMT.**  
MEDICAL TECHNOLOGIST LIC# 26082

*J. Watanabe*  
**SPENCER S. WATANABE, MD, FPSP, MHA**  
PATHOLOGIST LIC# 0112723

*C. Pamintuan*  
**MA. CORAZON C. PAMINTUAN**  
Psychologist  
(Accreditation No. 130)

**Valid for (6) months from date of issue.**



## Department of Radiology

### Medical Imaging Report

PIN: **SJHI-24-4063**  
Patient: **FLORES, KIMBERLY M.**  
Referring Physician:  
Clinical HX/DX:  
Examination: **CHEST PA**  
Procedure: **RADIOGRAPHY**

Date: **09/16/2024**  
Age: **26**  
Sex: **FEMALE**  
Company: **GOV'T**

The lungs are clear

Heart is not enlarged

Intact bony thorax

**IMPRESSION: NORMAL CHEST X-RAY**

  
**RINA S. DE TORRES, RXT**  
Lic. No. 5285  
Radiologic Technologist

  
**JERICK P. MEDINA, MD, FPCR**  
Lic. No. 91903  
Radiologist

  
**MA. CORAZON PAMINTUAN**  
Psychologist  
(Accreditation No. 130)

**Valid for (6) months from date of issue.**

# MLT Psychological Evaluation Center



PNP Accreditation No. - 2000 - 0014  
Main Office: 316 Quezon Avenue, Quezon City  
Telephone No. 929-7261 / 410-6639

TO:

SUBJECT: PSYCHOLOGICAL EXAMINATION

NAME: KIMBERLY M. FLORES

DATE OF EXAM: 16 Sept. 2024

AGE: 26

CIVIL STATUS: Married

HOME ADDRESS: Brgy. III, Mataasnakahoy, Batangas

## EVALUATION REPORT

| FACTORS  | FINDINGS             |
|--|----------------------|
| Intelligence (Ability to learn & solve problems) | ABOVE AVERAGE        |
| Educational Attainment                           | BS ACCTNG MNGT       |
| Experience (relevance to position)               | JOB ORDER            |
| Motivation: Financial Security                   | AVERAGE              |
| Change in Assignment                             | NONE                 |
| Honesty/Integrity                                | AVERAGE              |
| Social Adjustment                                | AVERAGE              |
| Loyalty (Identifying with superiors)             | AVERAGE              |
| Hostility & Violent Tendencies                   | No trace of violence |
| Acceptance of Responsibility                     | AVERAGE              |
| Energy and Initiative                            | AVERAGE              |
| Independence (self-reliance)                     | AVERAGE              |
| Self-Discipline                                  | AVERAGE              |
| Steadiness and Endurance Under Pressure          | HIGH                 |

## SUMMARY

Intelligence Quotient: **101**

Classification: ABOVE AVERAGE

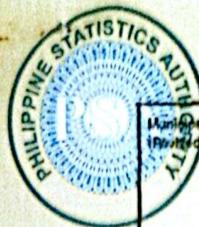
Percentage Score: **37th PERCENTILE**

Personality Evaluation: Family focused, subject's endurance and will power are attributed to her resolute devotion to provide them a bright future. She has strong aim to gain tangible results from her undertakings. She directs product of her labor and sacrifices for her family's future.

REMARKS: Recommended

MA. CORAZON PAMINTUAN  
Psychologist  
(Accreditation No. 130)

Valid for (6) months from date of issue.



Municipal Form No. 102  
Revised January 1993

(To be accomplished in quadruplicate)

- Copy for OCPD

Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL  
**CERTIFICATE OF LIVE BIRTH**

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in Items 2, 5a, 5b and 18c.)

|   |   |   |                                      |
|---|---|---|--------------------------------------|
| Province  | Batangas  | Registry No.  | REMARKS/ANNOTATION                   |
| City/Municipality   | Lipa City   | 97-5149   |                                      |
| 1. NAME   | (First) Kimberly  | (Middle) Bahay  | (Last) Magpartay                     |
| 2. SEX  | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female  | 3. DATE OF BIRTH                                      | (day) 12 (month) October (year) 1997 |
| 4. PLACE OF BIRTH   | (Name of Hospital/Clinic/Institution/<br>BIRTH House No., Street, Barangay)<br>Lipa City District Hospital  | (City/Municipality)                                   | (Province) Batangas                  |
| 5a. TYPE OF BIRTH   | b. IF MULTIPLE BIRTH, CHILD WAS   |   |                                      |
|   | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin<br><input type="checkbox"/> Triplet, etc.  | 1 First   | 2 Second                             |
| c. BIRTH ORDER  | (live births and fetal deaths<br>including this delivery)<br>(first, second, third, etc.)   | d. WEIGHT AT BIRTH                                    | 2722 grams                           |
| 6. MAIDEN NAME  | (First) Jearly  | (Middle) A.   | (Last) Bahay                         |
| 7. CITIZENSHIP  | Fil.  | 8. RELIGION   | Ro                                   |
| 9a. Total number of children born alive:  | 2   | b. No. of children still living including this birth: | 2                                    |
| 9b. No. of children born alive but are now dead:  | 0   |   |                                      |
| 10. OCCUPATION  | Housewife   |   |                                      |
|   | 11. Age at the time of this birth:  | 21  | years                                |
| 12. RESIDENCE   | (House No., Street, Barangay)<br>Brgy. # 3  | (City/Municipality)<br>Kataas na Lipa                 | (Province) Batangas                  |
| 13. NAME  | (First) Kuel  | (Middle) G.9  | (Last) Magpartay                     |
| 14. CITIZENSHIP   | Fil.  | 15. RELIGION  | Ro                                   |
| 16. OCCUPATION  | Driver  |   |                                      |
| 17. Age at the time of this birth:  | 23  | years   |                                      |
| 18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)<br>October 4, 1995 - San Marcelino, Ermita, Manila |   |   |                                      |
| 19a. ATTENDANT  | <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife<br><input type="checkbox"/> 4 Hiloi (Traditional Midwife) <input type="checkbox"/> 5 Others (Specify) |   |                                      |
| 19b. CERTIFICATION OF BIRTH   | I hereby certify that I attended the birth of the child who was born alive at 3:15pm o'clock am/pm on the date stated above.  |   |                                      |
| Signature   | Gladys Vergara Magsaysay  |   |                                      |
| Name in Print   | Gladys Vergara Magsaysay  |   |                                      |
| Title or Position   | Date Oct. 16/97   |   |                                      |
| 20. INFORMANT   | Address Brgy. # 3, Kataas na Lipa, Batangas   |   |                                      |
| Signature   | Oct. 16/97  |   |                                      |
| Name in Print   | ERLINDA H. LEVINES  |   |                                      |
| Relationship to the child   | REGISTRATION OFFICE   |   |                                      |
| 21. PREPARED BY   | Signature ERINDA H. LEVINES   |   |                                      |
| Signature   | Name in Print ERINDA H. LEVINES   |   |                                      |
| Name in Print   | Title or Position REGISTRATION OFFICE   |   |                                      |
| Title or Position   | Date Oct. 17/97   |   |                                      |
| Date  | Signature ERINDA H. LEVINES   |   |                                      |
| 22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR   |   |   |                                      |
| Signature ERINDA H. LEVINES   |   |   |                                      |
| Name in Print ERINDA H. LEVINES   |   |   |                                      |
| Title or Position REGISTRATION OFFICE   |   |   |                                      |
| Date Oct. 17/97   |   |   |                                      |

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BEST POSSIBLE IMAGE



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Documentary  
Stamp Tax Paid

Lisa Grace S. Bersales  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority



Municipal Form No. 07  
(Revised January 2007)Republic of the Philippines  
OFFICE OF THE CIVIL REGISTRAR GENERAL

Accomplished in quadruplicate using black ink

## CERTIFICATE OF MARRIAGE

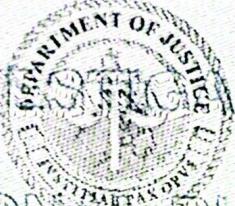
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|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|
| Province <b>BATANGAS</b>  |  | Registry No. <b>2018-640</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| City/Municipality <b>MATAASNAKAHOY</b>  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 1. Name of Contracting Parties  | <b>HUSBAND</b>   |   | <b>WIFE</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | (First) <b>JOHN ALEKS</b><br>(Middle) <b>GAMMAD</b><br>(Last) <b>FLORES</b>  | (First) <b>KIMBERLY</b><br>(Middle) <b>EMBAY</b><br>(Last) <b>MAGPANTAY</b> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 2a. Date of Birth   | (Day) <b>30</b>  | (Month) <b>AUGUST</b>   | (Year) <b>1994</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 2b. Age   |  |   | (Age) <b>23</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 3. Place of Birth   | (City/Municipality) <b>LIPA CITY, BATANGAS, PHILIPPINES</b>  | (Province) <b>LIPA CITY, BATANGAS, PHILIPPINES</b>                          | (Country) <b>LIPA CITY, BATANGAS, PHILIPPINES</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 4a. Sex   | MALE   | (Citizenship) <b>FILIPINO</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 4b. Citizenship   |  |   | FEMALE (Citizenship) <b>FILIPINO</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 5. Residence  | (House No., St., Barangay, City/Municipality, Province, Country)<br><b>BRGY. SICO, LIPA CITY, BATANGAS, PHILIPPINES</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 6. Religion/ Religious Sect   | <b>ROMAN CATHOLIC</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 7. Civil Status   | <b>SINGLE</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 8. Name of Father   | (First) <b>DEDICARIO</b>   | (Middle) <b>FERNANDEZ</b>   | (Last) <b>FLORES</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | (First) <b>RUEL</b>  | (Middle) <b>CARAAN</b>  | (Last) <b>MAGPANTAY</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 9. Citizenship  | <b>FILIPINO</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 10. Maiden Name of Mother   | (First) <b>LORINA</b>  | (Middle) <b>FACTOR</b>  | (Last) <b>GAMMAD</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | (First) <b>JEARLY</b>  | (Middle) <b>ATAWAN</b>  | (Last) <b>EMBAY</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 11. Citizenship   | <b>FILIPINO</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 12. Name of Person/ Wall Who Gave Consent or Advice   | (First) <b>YOLANDA</b>   | (Middle) <b>GAMMAD</b>  | (Last) <b>TAMAYQ</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | (First) <b>RUEL</b>  | (Middle) <b>CARAAN</b>  | (Last) <b>MAGPANTAY</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 13. Relationship  | <b>AUNT</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 14. Residence   | (House No., St., Barangay, City/Municipality, Province, Country)<br><b>BRGY. SICO, LIPA CITY, BATANGAS, PHILIPPINES</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 15. Place of Marriage:  | OFFICE OF THE MUNICIPAL MAYOR  | MATAASNAKAHOY   | BATANGAS  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | (Office of the House of Barangay or Church or Mosque of)   | (City/Municipality)   | (Province)  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 16. Date of Marriage:   | 23 FEBRUARY 2018   | 17. Time of Marriage:   | 10:00 AM  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | (Day) (Month) (Year)   |   | am/pm   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 18. CERTIFICATION OF THE CONTRACTING PARTIES:   | THIS IS TO CERTIFY: That I, <b>JOHN ALEKS GAMMAD FLORES</b> , and I, <b>KIMBERLY EMBAY MAGPANTAY</b> , both of legal age, of our own free will and accord, and in the presence of the person solemnizing this marriage and of the witnesses named below, take each other as husband and wife and certifying further that we <input type="checkbox"/> have entered, a copy of which is hereto attached / <input checked="" type="checkbox"/> have not entered into a marriage settlement. |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | IN WITNESS WHEREOF, we have signed /marked with our fingerprint this certificate in quadruplicate this <b>23RD</b> day of <b>FEBRUARY</b> , <b>2018</b>  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
|   | <br>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 19. CERTIFICATION OF THE SOLEMNIZING OFFICER:   | THIS IS TO CERTIFY: THAT BEFORE ME, on the date and place above-written, personally appeared the above-mentioned parties, with their mutual consent, lawfully joined together in marriage which was solemnized by me in the presence of the witnesses named below, all of legal age.   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| I CERTIFY FURTHER THAT:   | <input checked="" type="checkbox"/> a. Marriage License No. <b>0050214</b> issued on <b>FEBRUARY 23, 2018</b> at <b>MATAASNAKAHOY, BATANGAS</b><br><input type="checkbox"/> b. no marriage license was necessary, the marriage being solemnized under Art.....of Executive Order No. 208.<br><input type="checkbox"/> c. the marriage was solemnized in accordance with the provisions of Presidential Decree No. 1083.  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| <b>HON. GUALBERTO R. SILVA</b><br><small>(Signature Over Printed Name of Solemnizing Officer)</small>   |  | MUNICIPAL MAYOR<br><small>(Position/Designation)</small>                    | <small>(Religion/Religious Sect, Registry No. and Expiration Date, if applicable)</small> |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 20a. WITNESSES (Print Name and Sign):<br><br><b>VENUS C. MAGPANTAY</b> <b>CONCEPCION M. MAGPANTAY</b> <b>ROBERT/GAMMAD</b> <b>DR. ERROLFYN GAMMAD</b><br><small>(Signature)</small>   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 21. RECEIVED BY   | 22. REGISTERED BY THE CIVIL REGISTRAR  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Signature   | Signature  | Name in Print <b>LALaine B. TIPAN</b>                                       | Name in Print <b>LALaine B. TIPAN</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Name in Print <b>ERINROSE B. MANALO</b><br>Registration Officer I   | Title or Position <b>Municipal Civil Registrar</b>   | Title or Position <b>Municipal Civil Registrar</b>                          | Date <b>FEB 28 2018</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Date <b>FEB 28 2018</b>   |  | Date <b>FEB 28 2018</b>   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| REMARKS/ANNOTATIONS (For LCRO/OCRG/Shar'l's Circuit Registrar Use Only)   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| TO BE FILLED UP AT THE OFFICE OF THE CIVIL REGISTRAR  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| 4bH 4bW 5H 5W   | 6H 6W 7H 7W  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |
| <table border="1"> <tr> <td>0</td><td>1</td><td>0</td><td>1</td><td>6</td><td>0</td><td>8</td><td>0</td><td>1</td><td>0</td><td>1</td><td>4</td> <td>6</td><td>0</td><td>8</td><td>0</td><td>1</td><td>0</td><td>1</td><td>8</td> <td>0</td><td>8</td><td>0</td><td>8</td><td>1</td><td>1</td> </tr> </table> | 0  | 1   | 0   | 1 | 6 | 0 | 8 | 0 | 1 | 0 | 1 | 4 | 6 | 0 | 8 | 0 | 1 | 0 | 1 | 8 | 0 | 8 | 0 | 8 | 1 | 1 |  |
| 0   | 1  | 0   | 1   | 6 | 0 | 8 | 0 | 1 | 0 | 1 | 4 | 6 | 0 | 8 | 0 | 1 | 0 | 1 | 8 | 0 | 8 | 0 | 8 | 1 | 1 |   |  |

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BEST POSSIBLE IMAGE

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QN800516337Documentary  
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 CLAIRE DENNIS S. MAPA, Ph. D.  
 National Statistician and Civil Registrar General  
 Philippine Statistics Authority


39838779



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



This is to certify that the person whose name, picture, signature and thumbprint appearing below applied for NBI Clearance and the results is as follows:

NBID NO.  
**M215JKLY79-RA1592056**

FAMILY NAME  
**MAGPANTAY**  
MIDDLE NAME  
**EMBAY**

ADDRESS  
**066 BRGY III MATAAS NA KAHOY BATANGAS**

DATE OF BIRTH  
**October 12, 1997**

CITIZENSHIP  
**FILIPINO**

PURPOSE

**MULTI-PURPOSE CLEARANCE**

REMARKS  
**NO DEROGATORY RECORD**

VALID UNTIL  
**September 12, 2025**

FIRST NAME  
**KIMBERLY**

HUSBAND'S SURNAME  
**FLORES**

PLACE OF BIRTH  
**LIPA CITY**

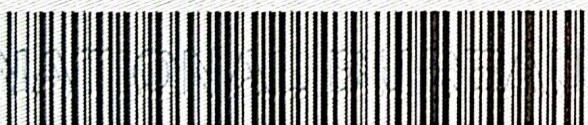
CIVIL STATUS  
**MARRIED**

SIGNATURE

GENDER  
**FEMALE**



Date Printed: Thursday, September 26, 2024 01:26 PM



M215JKLY79-RA1592056

JUDGE JAIME B. SANTIAGO (RET.)  
Director

Agency RA  
CASID Janet1  
O.R. No. 8P6EHVCF  
O.R. Date 09/12/2024 2:46:05 PM  
DST PAID

DATID Janet1  
BIOID janet1  
RECID agustintm2  
INTID  
PRTID gonzagatv



Republic of the Philippines  
Province of Batangas  
**Municipality of Mataasnakahoy**

## OATH OF OFFICE

I, Kimberly M. Flores of Brgy. III, Mataasnakahoy, Batangas having been appointed to the position of Administrative Aide I (Utility Worker I) hereby solemnly swear, that I will faithfully discharge to the best of my ability, the duties of my present position and of all others that I may hereafter hold under the Republic of the Philippines; that I will bear true faith and allegiance to the same; that I will obey the laws, legal orders, and decrees promulgated by the duly constituted authorities of the Republic of the Philippines; and that I impose this obligation upon myself voluntarily, without mental reservation or purpose of evasion.

SO HELP ME GOD.

  
KIMBERLY M. FLORES  
(Signature over Printed Name of the Appointee)

Government ID: Passport  
ID Number : P0090795C  
Date Issued : May 2022

Subscribed and sworn to before me this 1<sup>st</sup> day of October, 2024 in Mataasnakahoy Batangas, Philippines.

  
JANET MAQPANTAY ILAGAN  
Municipal Mayor



CS Form No. 4  
Revised 2018

Republic of the Philippines  
Province of Batangas  
**MUNICIPALITY OF MATAASNAKAHOY**

**CERTIFICATION OF ASSUMPTION TO DUTY**

This is to certify that Ms. KIMBERLY M. FLORES has assumed the duties and responsibilities as Administrative Aide I (Utility Worker I) in the Office of the Municipal Health effective October 1, 2024.

This certification is issued in connection with the issuance of the appointment of Ms. Flores as Administrative Aide I (Utility Worker I).

Done this 1<sup>st</sup> day of October 2024 in Mataasnakahoy, Batangas.

JANET MAGPANTAY ILAGAN  
Municipal Mayor

Date: October 1, 2024

Attested by:

GALLY D. TIPAN  
Mun. Human Res. Mgt. Officer

201 file  
Admin  
COA  
CSC