



CS Form No. 33-B  
Revised 2018



Republic of the Philippines  
Province of Batangas  
MUNICIPALITY OF MATAASNAKAHOY

(Stamp of Date of Receipt)



Ms. ALAIZA L. MANDIGMA

You are hereby appointed as Administrative Aide I (Utility Worker I) (SG-1)  
(Position Title)  
under Permanent status at the Office of the Sangguniang Bayan  
(Permanent, Temporary, etc.) (Office/Department/Unit)  
with a compensation rate of Nine Thousand Seven Hundred Fifty P 9,750.00  
pesos per month.  
The nature of this appointment is Original vice                     
(Original, Promotion, etc.)  
ABEGAEL L. GONZALES, who Promoted with Plantilla Item No. 51  
(Transferred, Retired, etc.)

Page 4.

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

Very truly yours,

JAY MANALO ILAGAN  
Municipal Vice Mayor

Subject to six (6) months  
Probationary period

December 18, 2023  
Date of Signing

Accredited/Deregulated Pursuant to  
CSC Resolution No. 2200778 s. 2022  
dated December 29, 2022

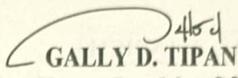
DRY SEAL

(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 November 8, 2023 to November 23, 2023 and posted in CSC-FO Batangas, Public Market, Office Lobby from November 8, 2023 to November 23, 2023 in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on November 24, 2023..

  
**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 December 14, 2023..

  
**JAY MANALO ILAGANA**  
Municipal Vice Mayor  
Chairperson, HRMPSB/Placement Committee

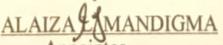
## CSC/HRMO Notation

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 December 18, 2023

  
**ALAIZA J. MANDIGMA**  
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	MANDIGMA		
FIRST NAME	ALAIZA		
MIDDLE NAME	LUMBERA		
3. DATE OF BIRTH (mm/dd/yyyy)	8/7/1999	16. CITIZENSHIP  If holder of dual citizenship, please indicate the details.	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country. ▼
4. PLACE OF BIRTH	LIPA CITY, BATANGAS		
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  ZIP CODE	N/A      PUROK 4 House/Block/Lot No.      Street N/A      SAN SEBASTIAN Subdivision/Village      Barangay MATAASNAKAHOY      BATANGAS City/Municipality      Province 4223
7. HEIGHT (m)	1.70		
8. WEIGHT (kg)	54		
9. BLOOD TYPE	O+		
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	1212-5404-9027		
12. PHILHEALTH NO.	09-250689078-2		
13. SSS NO.	0442721921		
14. TIN NO.	631-278-884-00000		
15. AGENCY EMPLOYEE NO.			
21. E-MAIL ADDRESS (if any)	mandigmaaa@gmail.com		

**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	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	MANDIGMA			
FIRST NAME	WOODY	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	EVANGELISTA			
25. MOTHER'S MAIDEN NAME				
SURNAME	LUMBERA			
FIRST NAME	CLARIZZA			
MIDDLE NAME	CASAPAO			

(Continue on separate sheet if necessary)

**III. EDUCATIONAL BACKGROUND**

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGREE/COURSE (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	SANTOL-MANGGAHAN ELEMENTARY SCHOOL	PRIMARY	2005	2011	GRADUATED	2011	ACHIEVER
SECONDARY	BAYORBOR NATIONAL HIGH SCHOOL	SECONDARY	2011	2015	GRADUATED	2015	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	DE LA SALLE LIPA	BACHELOR OF SECONDARY EDUCATION MAJOR IN SOCIAL STUDIES	2015	2017	2nd Year	N/A	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	NON. 23, 2023
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#### **CIVIL SERVICE ELIGIBILITY**

(Continue on separate sheet if necessary)

## V. WORK EXPERIENCE

*(include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.*

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY JOB PAY GRADE (if applicable) & STEP (Format "50-00") INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	To						
07/06/2023	PRESENT	COMMUNITY AFFAIR ASSISTANT	LGU MATAASNAKAHOY	P6,000.00	N/A	JOB ORDER	N
01/04/2023	06/30/2023	COMMUNITY AFFAIR ASSISTANT	LGU MATAASNAKAHOY	P6,000.00	N/A	JOB ORDER	N
07/06/2022	12/31/2022	COMMUNITY AFFAIR ASSISTANT	LGU MATAASNAKAHOY	P6,000.00	N/A	JOB ORDER	N
01/10/2022	06/30/2022	COMMUNITY AFFAIR ASSISTANT	LGU MATAASNAKAHOY	P6,000.00	N/A	JOB ORDER	N
07/05/2021	12/31/2021	COMMUNITY AFFAIR ASSISTANT	LGU MATAASNAKAHOY	P6,000.00	N/A	JOB ORDER	N
01/06/2021	06/30/2021	COMMUNITY AFFAIR ASSISTANT	LGU MATAASNAKAHOY	P6,000.00	N/A	JOB ORDER	N
07/06/2020	12/30/2020	COMMUNITY AFFAIR ASSISTANT	LGU MATAASNAKAHOY	P6,000.00	N/A	JOB ORDER	N
3/2/2020	6/30/2020	COMMUNITY AFFAIR ASSISTANT	LGU MATAASNAKAHOY	P6,000.00	N/A	JOB ORDER	N
6/13/2019	1/28/2020	JUNIOR TALENT ENGAGEMENT SPECIALIST	RECRUITD	P20,000.00	N/A	CONTRACTUAL	N
7/10/1905	7/11/1905	FACILITATOR	TRAVERSE OUTDOOR	P8,000.00	N/A	JOB ORDER	N
7/9/1905	7/9/1905	STUDENT ASSISTANT	DE LA SALLE LIPA	N/A	N/A	STUDENT ASSISTANT	N
4/1/2016	7/1/2016	OFFICE STAFF	SHERCON RESORT AND ECOLOGY PARK	P6,000.00	N/A	JOB ORDER	N

\*\*\* NOTHING FOLLOWS \*\*\*

(Continue on separate sheet if necessary)

SIGNATURE	gj	DATE	Nov. 23, 2023
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ARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

*(Continue on separate sheet if necessary)*

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

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc.)	CONDUCTED/ SPONSORED BY (Write in full)
	From	To			
CONDUCT OF TRAINING ON CBMS APP MODULE 3: CBMS-BASED BARANGAY DEVELOPMENT PLANNING AND BUDGETING	4/24/2023	4/27/2023			
BASIC WATER SEARCH AND RESCUE AND LIFE SAVING TECHNIQUES TRAINING	5/24/2023	5/26/2023			
THE NEW PHASE OF SK: GUIDELINES ON THE PLANNING, BUDGETING AND DISBURSEMENT PROCESS OF THE SK FUNDS	7/8/2022	7/10/2022			
BARANGAY EMPOWERMENT SEMINAR: A REFRESHER ON BNEO PROGRAM AND ORIENTATION ON BARANGAY BASED INSTITUTION (BBI) FUNCTIONALITY ASSESSMENT	5/28/2022	5/30/2022			

\*\*\* NOTHING FOLLOWS \*\*\*

(Continue on separate sheet if necessary)

### **VIII. OTHER INFORMATION**

31. SPECIAL SKILLS and Hobbies	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Adaptability	N/A	N/A
Multi-tasking		
Volleyball		
*** NOTHING FOLLOWS ***		

*(Continue on separate sheet if necessary)*

**SIGNATURE**

91

DATE

Nov. 23, 2023

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<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO 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 If YES, give details: _____  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: Date Filed: _____ 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 If YES, give details: RESIGNED
<p>37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?</p> <p>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 If YES, give details: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: 
<p>38. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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> <p>a. Are you a member of any indigenous group?</p> <p>b. Are you a person with disability?</p> <p>c. Are you a solo parent?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <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.
HON. JAY M. ILAGAN	SANTOL MATAASNAKAHOY BATANGAS	9175177337
EMMANUEL A. ALFILER	SANTOL MATAASNAKAHOY BATANGAS	9171786179
HON. KAREN JOY A. LAQUI	BRGY. I MATAASNAKAHOY BATANGAS	9051460067



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: PASSPORT	
ID/License/Passport No.:	P2682553B
Date/Place of Issuance:	JULY 30, 2019

Signature (Sign inside the box)	
November 23, 2023	
Date Accomplished	



SUBSCRIBED AND SWORN to before me this 23<sup>rd</sup> day of November 2023, affiant exhibiting his/her validly issued government ID as indicated above.

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



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. Alaiza L. Mandigma as Administrative Aide I (Utility Worker I) in the Office of the Municipal Social Welfare and Development 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.

  
JAY MANALO ILAGAN  
Municipal Vice 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 Sangguniang Bayan of this municipality, with Salary Grade 1 amounting to ONE HUNDRED SEVENTEEN THOUSAND PESOS (P 117,000.00) per annum as per Annual Budget CY-2023 of this municipality.

Issued this 18th day of December , 2023 at Mataasnakahoy, Batangas.

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

**LENILYN C. CARAAN**  
Municipal Accountant

Republic of the Philippines  
**POSITION DESCRIPTION FORM**  
DBM-CSC Form No. 1  
(Revised Version No. 1, s. 2018)

1. POSITION TITLE (as approved by authorized agency) with  
parenthetical title

Administrative Aide I  
(Utility Worker I)

2. ITEM NUMBER

3. SALARY GRADE

51

1

4. FOR LOCAL GOVERNMENT POSITION, ENUMERATE GOVERNMENTAL UNIT AND CLASS

- |  |                                    |                                    |
|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Province                | <input type="checkbox"/> 1st Class | <input type="checkbox"/> 5th Class |
| <input type="checkbox"/> City                    | <input type="checkbox"/> 2nd Class | <input type="checkbox"/> 6th Class |
| <input checked="" type="checkbox"/> Municipality | <input type="checkbox"/> 3rd Class | <input type="checkbox"/> Special   |
|  | <input type="checkbox"/> 4th Class |                                    |

5. DEPARTMENT, CORPORATION OR AGENCY/  
LOCAL GOVERNMENT

6. BUREAU OR OFFICE

Local Government Unit of Mataasnakahoy, Batangas

Office of the Sangguniang Bayan

7. DEPARTMENT / BRANCH / DIVISION

8. WORKSTATION / PLACE OF WORK

Office of the Sangguniang Bayan

Office of the Sangguniang Bayan

9. PRESENT APPROP  
ACT

10. PREVIOUS APPROP ACT

11. SALARY AUTHORIZED

12. OTHER COMPENSATION

SB Resolution No. 120-  
S-2023, Ordinance of  
Budget No. 07-S-2023

N/A

P 9,750.00	PERA	2,000.00
	Clothing Allow.	8,000.00
	Cash Gift	5,000.00
	Year End Bonus	9,750.00
	Mid-year Bonus	9,750.00
	PEI	5,000.00

13. POSITION TITLE OF IMMEDIATE SUPERVISOR

14. POSITION TITLE OF NEXT HIGHER SUPERVISOR

Municipal Vice Mayor

None

15. POSITION TITLE, AND ITEM OF THOSE DIRECTLY SUPERVISED

(if more than seven (7) list only by their item numbers and titles)

POSITION TITLE	ITEM NUMBER
N/A	N/A

16. MACHINE, EQUIPMENT, TOOLS, ETC., USED REGULARLY IN PERFORMANCE OF WORK

Broom, Dustpan, Telephone, Computer, Logbook

17. CONTACTS / CLIENTS / STAKEHOLDERS

17a. Internal	Occasional	Frequent	17b. External	Occasional	Frequent
Executive / Managerial	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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 type="checkbox"/>	<input type="checkbox"/>	Others (Please Specify):	<hr/>	
Staff	<input type="checkbox"/>	<input type="checkbox"/>			

18. WORKING CONDITION

Office Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other/s (Please Specify)
Field Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

19. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE UNIT OR SECTION

Enact Ordinances, approve resolutions, and appropriate funds for the general welfare of the municipality and its inhabitants

**20. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE POSITION (Job Summary)**

Maintain cleanliness and orderliness of the workplace and does other related works.

**21. QUALIFICATION STANDARDS**

21a. Education	21b. Experience	21c. Training	21d. Eligibility
Must be able to read and write	None required	None required	None Required (MC II, S. 96-Cat. II)
21e. Core Competencies			Competency Level
None Yet			None Yet
21f. Leadership Competencies			Competency Level
None Yet			None Yet

**22. STATEMENT OF DUTIES AND RESPONSIBILITIES (Technical Competencies)**

Percentage of Working Time	(State the duties and responsibilities here:)	
15%	Maintain the cleanliness and orderliness of SB Office	
10%	Encode communications, resolutions and ordinances.	
15%	Prepare powerpoint presentations	
15%	Assist in the conduct of research	
15%	Perform Liason work for the Sangguniang Bayan;	
15%	Perform administrative works for the SB Secretariat and SB Members	
15%	Perform other functions and responsibilities that may be assigned from time to time	

**23. ACKNOWLEDGMENT AND ACCEPTANCE:**

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.

ALAIZA MANDIGMA 12/18/2023  
Employee's Name, Date and Signature

JAY MANALO ILAGAN 12/18/2023  
Municipal Vice Mayor, Date and Signature



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

## OATH OF OFFICE

I, Alaiza L. Mandigma of Brgy. San Sebastian, 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.

ALAIZA L. MANDIGMA  
(Signature over Printed Name of the Appointee)

Government ID: PASSPORT  
ID Number : P2682553B  
Date Issued : July 30, 2019

Subscribed and sworn to before me this 18<sup>th</sup> day of December, 2023 in Mataasnakahoy Batangas, Philippines.

  
JAY MANALO ILAGAN  
Municipal Vice Mayor



CS Form No. 4  
Revised 2018

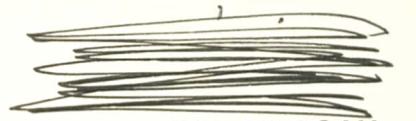
Republic of the Philippines  
Province of Batangas  
**MUNICIPALITY OF MATAASNAKAHOY**

**CERTIFICATION OF ASSUMPTION TO DUTY**

This is to certify that Ms. ALAIZA L. MANDIGMA has assumed the duties and responsibilities as Administrative Aide I (Utility Worker I) in the Office of the Sangguniang Bayan effective December 18, 2023.

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

Done this 18<sup>th</sup> day of December 2023 in Mataasnakahoy, Batangas.



JAY MANALO ILAGAN  
Municipal Vice Mayor

Date: December 18, 2023

Attested by:



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

201 file  
Admin  
COA  
CSC

**SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH**

As of December 18, 2023

(Required by R.A. 6713)

**Note:** Husband and wife who are both public officials and employees may file the required statements jointly or separately.

Joint Filing       Separate Filing       Not Applicable

<b>DECLARANT:</b>	<b>MANDIGMA</b> (Family Name)	<b>ALAIZA</b> (First Name)	<b>L.</b> (M.I.)	<b>POSITION:</b> <b>AGENCY/OFFICE:</b>	Administrative Aide I SANGGUNIANG BAYAN OFFICE - LGU Mataasnakahoy
<b>ADDRESS:</b>	SAN SEBASTIAN, MATAASNAKAHOW, BATANGAS			<b>OFFICE ADDRESS:</b>	Brgy. IV, Mataasnakahoy, Batangas
<b>SPOUSE:</b>	N/A (Family Name)	N/A (First Name)	N/A (M.I.)	<b>POSITION:</b> <b>AGENCY/OFFICE:</b>	N/A N/A N/A

**UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD**

NAME	DATE OF BIRTH	AGE
N/A	N/A	N/A

## **ASSETS, LIABILITIES AND NETWORTH**

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

## 1. ASSETS

### a Real Properties\*

**b. Personal Properties\***

\* Additional sheet/s may be used, if necessary.

**LIABILITIES\***

NATURE	NAME OF CREDITOR	OUTSTANDING BALANCE
N/A	N/A	N/A
<b>TOTAL LIABILITIES:</b>		<b>0.00</b>
<b>NET WORTH : Total Assets less Total Liabilities =</b>		<b>23,999.00</b>

\* Additional sheet/s may be used, if necessary.

**BUSINESS INTERESTS AND FINANCIAL CONNECTIONS**

(of Declarant / Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household)

I/ We do not have any business interest or financial connection.

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION
N/A	N/A	N/A	N/A

**RELATIVES IN THE GOVERNMENT SERVICE**

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso)

I/ We do not know of any relative/s in the government service)

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
N/A	N/A	N/A	N/A

I hereby certify that these are true and correct statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above-enumerated are names of my relatives in the government within the fourth civil degree of consanguinity or affinity.

I hereby authorize the Ombudsman or his/her duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue such documents that may show my assets, liabilities, net worth, business interests and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in my household covering previous years to include the year I first assumed office in government.

Date: December 18, 2023

N/A

(Signature of Declarant)

(Signature of Co-Declarant/ Spouse)

Government Issued ID: National ID  
ID No.: 4127-1875-1798-6592  
Date Issued: February 9, 2022

Government Issued ID: N/A  
ID No.: N/A  
Date Issued: N/A

SUBSCRIBED AND SWEARN to before me this DEC 18 2023 day of \_\_\_\_\_, affiant exhibiting to me the above-stated government issued identification card.

(Person Administering Oath)

  
**ATTY. ROWELL F. MALABAG**  
NOTARY PUBLIC UNTIL DECEMBER 31, 2024  
COMMISSION NO. 2022-0059/ ROLL NO. 68570  
IBP NO. 253494/01-02-23/ PASIG CITY  
PTR NO. 6256333/01-03-23/ LIPA CITY  
MCLE COMPLIANCE NO. VII- 0002112  
423 Rafael Lubag St., Barangay II-A, Mataasnakahoy, Balangas

## MEDICAL CERTIFICATE

(For Employment)

## INSTRUCTIONS

- This medical certificate should be accomplished by a licensed government physician.
- Attach this certificate to original appointment, transfer and reemployment.
- 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	
MANDIGMA ALAIZA LUMBERA			
ADDRESS			
SAN SEBASTIAN MATAASNAKAHON BATANGAS		PROPOSED POSITION	
AGE	SEX	CIVIL STATUS	
24	FEMALE	SINGLE	

## FOR THE LICENSED GOVERNMENT PHYSICIAN

<p>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.</p>			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PH		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
DRA KARLA M. CARAAN			
AGENCY/Affiliation of Licensed Government Physician:			
113447			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
MHD			
OFFICIAL DESIGNATION	DATE EXAMINED		
	12-20-23		

VT

Report ID: DTO-R03



QL970799  
75

DEPARTMENT OF HEALTH

SHALOM MEDICAL DIAGNOSTIC LABORATORY, INC.

ZENAIDA ARCADE M. H. DEL PILAR ST., BRGY. 2, BATANGAS CITY, BATANGAS

Phone Number 0437861798

DRUG TEST REPORT

CCF No: R202310070053

Transaction Date Time: 10/6/2023 12:00:00AM

Name: MANDIGMA, ALAIZA LUMBERA

Report Date Time: 10/10/2023 3:24:28PM

Birthdate: 08/07/1999 Age: 24 Gender: F

Test Method TEST KIT

Purpose

Random - Government Employee

Requesting Parties

LGU MATAASNAKAHOY

Result

ORTg/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

88

JANESSA BAES MAGSUMBOL

Analyst

Approved By

DR. ALPHA GRACE B CABIC

68

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

Certified photo copy from the office file:

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

MA. CORAZON   
PAMINTUAN  
Psychologist  
(Accreditation No. 130)

2F, Lipa Commercial Center, A. Mabini Cor. E Mayo & P. Torres Sts., Brgy 5, Lipa City, Batangas

## Department of Radiology

### Medical Imaging Report

PIN: **SJHI-23-5142**

Patient: **MANDIGMA, ALAIZA**

Referring Physician:

Clinical HX/DX:

Examination: **CHEST PA**

Procedure: **RADIOGRAPHY**

Date: **12/15/2023**

Age: **24** Sex: **FEMALE**

Company: **WALK-IN**

Suggest ALV for further evaluation of the left apex.

Heart is not enlarged

Intact bony thorax

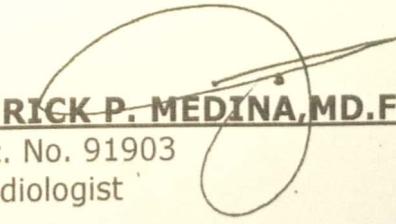
**IMPRESSION: APICOLORDOTIC SUGGESTED.**



**RINA S. DE TORRES, RXT**

Lic. No. 5285

Radiologic Technologist

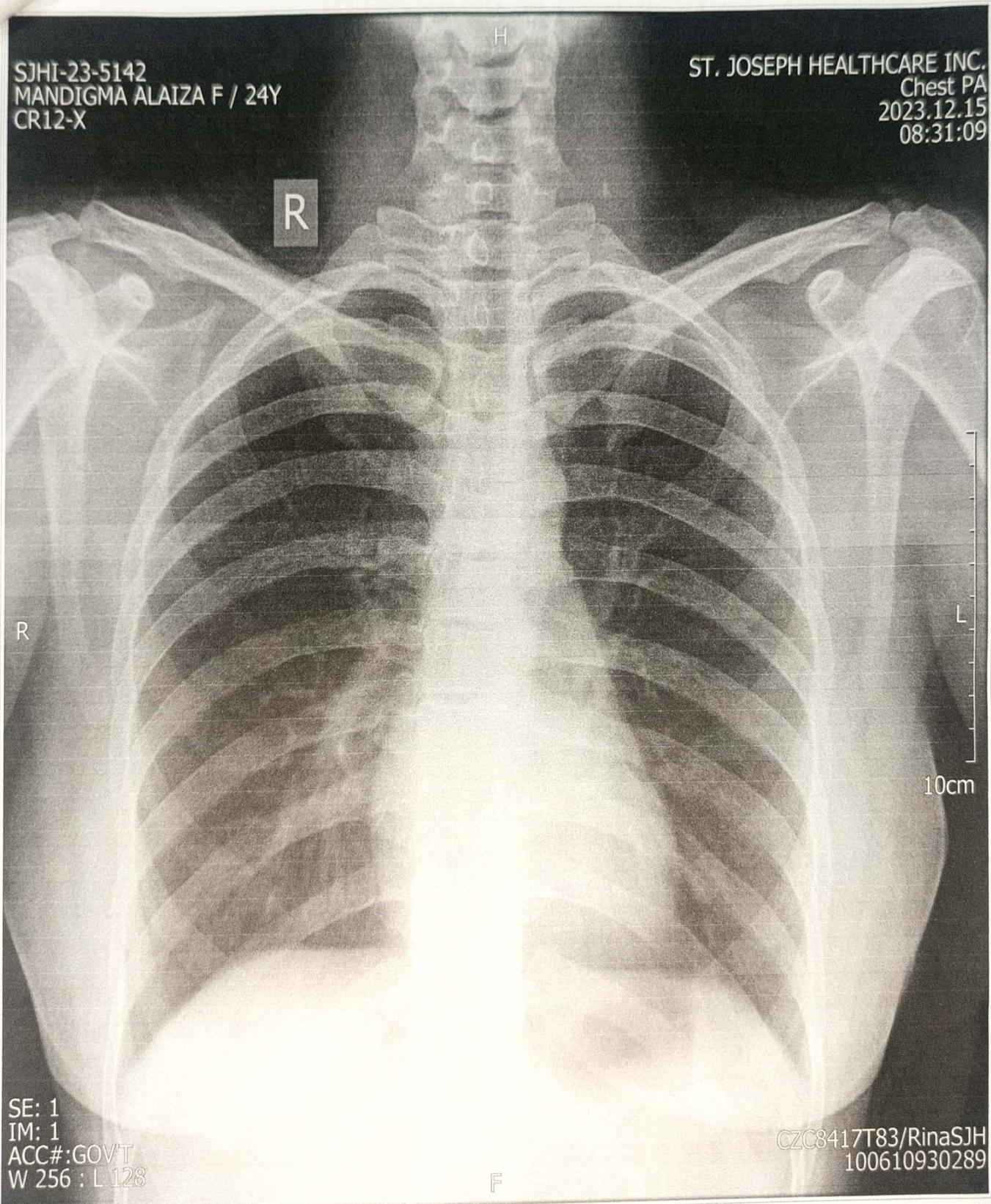


**JERIC P. MEDINA, MD, FPCR**

Lic. No. 91903

Radiologist

	SJHI-23-5142	MANDIGMA ALAIZA F/24 (1999/08/07)	
Date	2023/12/15	Exam Desc	Chest



## **Department of Radiology**

### **Medical Imaging Report**

**PIN: SJHI-23-5142**

**Date: 12/16/2023**

**Patient: MANDIGMA, ALAIZA L.**

**Age: 24 Sex: FEMALE**

**Referring Physician:**

**Company: WALK-IN**

**Clinical HX/DX:**

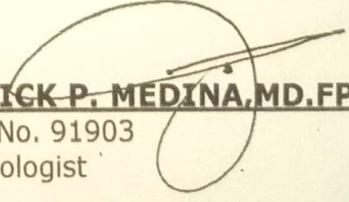
**Examination: CHEST ALV**

**Procedure: RADIOGRAPHY**

The lung apices are clear.

**IMPRESSION: NORMAL APICOLORDOTIC VIEW.**

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

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

  
**MA. CORAZON P. PAMINTUAN**  
Psychologist

# St. Joseph HealthCare, Inc.

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: MANDIGMA, ALAIZA

Patient Pin: SJHI94633

Age : 24

Sex : FEMALE

Company: WALK IN

Sample Date: December 15, 2023

## LABORATORY REPORT

### HEMATOLOGY

DESCRIPTION	RESULT	REFERENCE VALUES
RBC	4.50	FEMALE : 4.0-5.4 x 10 <sup>12</sup> /L MALE : 4.6 -6.0 x 10 <sup>12</sup> /L
Hemoglobin	129	FEMALE : 120-160g/L MALE : 140-180g/L
Hematocrit	0.39	FEMALE : 0.37-0.47 MALE: 0.40-0.54
MCV	87.1	76-100 fL
MCH	28.7	27-32 pg
MCHC	32.9	32-36%
White blood cells	5.8	5.0-10.0 x 10 <sup>9</sup> /L
Segmenters	0.55	0.55-0.68
Lymphocytes	0.38	0.25-0.39
Monocytes	0.07	0.02-0.08
Platelet count	365	150-450 x10 <sup>9</sup> /L
BLOOD TYPE	" O " RH POSITIVE	

RREMARKS: \*\*\*NOT VALID WITHOUT A SEAL

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

MYKEE D. RESABA, RMT  
CHIEF MEDICAL TECHNOLOGIST LIC# 83300

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

# St. Joseph HealthCare, Inc.

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:	MANDIGMA, ALAIZA	Patient Pin:	SJHI94633
Age :	24	Sex :	FEMALE
		Company:	WALK IN

Sample Date: December 15, 2023

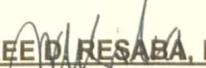
## LABORATORY REPORT

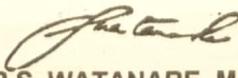
### CLINICAL MICROSCOPY

### URINALYSIS

DESCRIPTION	RESULT	NORMAL VALUE
COLOR	LIGHT YELLOW	
TRANSPARENCY	SLIGHTLY TURBID	
PH	6.0	5.0-8.0
SPECIFIC GRAVITY	1.010	1.005-1.030
SUGAR	NEGATIVE	NEGATIVE
PROTEIN	NEGATIVE	NEGATIVE
WHITE BLOOD CELLS	0-2/HPF	
RED BLOOD CELLS	0-2/HPF	
A.URATES/PHOSPHATES		
EPITHELIAL CELLS	FEW	
BACTERIA	FEW	
MUCUS THREADS		
PREGNANCY TEST		
REMARKS: ***NOT VALID WITHOUT A SEAL		

  
KRESTA XINA R. TUMBAGA, RMT  
MEDICAL TECHNOLOGIST LIC# 55185

  
MYKEE D. RESABE, RMT  
CHIEF MEDICAL TECHNOLOGIST LIC# 83300

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

# 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: ALAIZA L. MANDIGMA

DATE OF EXAM: 15 Dec. 2023

AGE: 24

CIVIL STATUS: Single

HOME ADDRESS: San Sebastian, Mataasnakahoy, Batangas

## EVALUATION REPORT

FACTORS	FINDINGS
Intelligence (Ability to learn & solve problems)	ABOVE AVERAGE
Educational Attainment	JOB ORDER
Experience (relevance to position)	BSED - SOCIAL STUDIES
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: **102**

Classification: ABOVE AVERAGE

Percentage Score: **37TH PERCENTILE**

Personality Evaluation: Her determination and constant desire to support family push her to perform her best in work responsibilities. Subject finds considerable fulfillment when with her family and loved ones.

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)

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 beside the appropriate answer in items 2, 5a, 5b and 19a.)

Province Batangas City/Municipality Lipa City		Registry No. <b>99-4096</b>	REMARKS/ANNOTATION	
1. NAME (First) ALAIZA (Middle) LUMBERA (Last) MANDIGMA				
2. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		3. DATE OF BIRTH (day) 07 (month) Aug. (year) 1999		
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) Lipa City District Hospital		(City/Municipality) Lipa City (Province) Batangas		
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> 3 Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> 1 First <input type="checkbox"/> 2 Second <input type="checkbox"/> 3 Others, Specify		
c. BIRTH ORDER (live births and fetal deaths including this delivery) first		d. WEIGHT AT BIRTH 2863 grams		
6. MAIDEN NAME Clarizza		(Last) C. Lumbera		
7. CITIZENSHIP Filipino		8. RELIGION R.C.		
9a. Total number of children born alive: 1		b. No. of children still living including this birth: 1	c. No. of children born alive but are now dead: 0	
10. OCCUPATION housekeeper		11. Age at the time of this birth: 24 years		
12. RESIDENCE (House No., Street, Barangay) Mataas na Kahoy		(City/Municipality) Batangas (Province)		
13. NAME (First) Woody (Middle) E. (Last) Mandigma				
14. CITIZENSHIP Filipino		15. RELIGION R.C.		
16. OCCUPATION laborer		17. Age at the time of this birth: 26 years		
18. DATE AND PLACE OF MARRIAGE OF PARENTS (if not married, accomplish Affidavit of Acknowledgment/Acknowledgment of Paternity at the back.) Balete, Batangas May 17, 1998 - Nuestra Senora dela Paz Y Buenaventura Parish Church				
19a. ATTENDANT <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Pilot (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 1:30 a.m. o'clock am/pm on the date stated above.				
Signature DANIEL C. CARDONA, MD. Name in Print OB-GYN Title or Position		Address LIPA CITY Date Aug. 18, 1999		
20. INFORMANT Signature Woody Mandigma Name in Print Woody E. Mandigma Relationship to the child father				
Address Mataas na Kahoy, Batangas Date Aug. 18, 1999				
21. PREPARED BY Signature Isabel Cadillo Name in Print Rec. Officer Title or Position Date Aug. 18, 1999		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature ERINNEA M. LEVINE Name in Print REC. OFFICER Title or Position Date 20 AUG 1999		

For OCGG USE ONLY:  
Population Reference No.**1014-A99R705-5**TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

41

**1111111111**

46

**1**

49 50

**1111111111**

56

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61

**1**

62 64

**11111111**

68 69

**11**

70 72 74

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76 79

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81

**11111111**

85 87

**11111111**

88 91

**11111111**

93

**1**

94

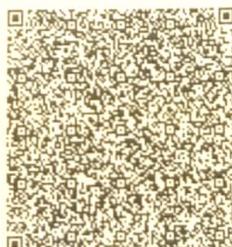
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08753-G4-105ACU-00505-BI001

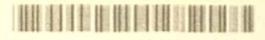
BEST POSSIBLE IMAGE



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CR900593053

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



Republic of the Philippines  
Department of Justice  
National Bureau of Investigation



35195498

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:

NBI ID NO.

M532HAGA99-RA1253911

FAMILY NAME

MANDIGMA

MIDDLE NAME

LUMBERA

ADDRESS

PUROK 4 SAN SEBASTIAN MATAASNAKAHOY BATANGAS

DATE OF BIRTH

August 07, 1999

CITIZENSHIP

FILIPINO

PURPOSE

MULTI-PURPOSE CLEARANCE

REMARKS

NO RECORD ON FILE

VALID UNTIL

November 10, 2024

FIRST NAME

ALAIZA

HUSBAND'S SURNAME

PLACE OF BIRTH

LIPA CITY, BATANGAS

CIVIL STATUS

SINGLE

GENDER

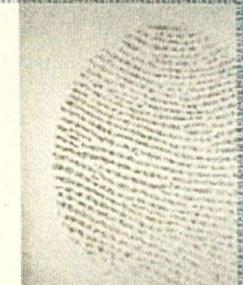
FEMALE

SIGNATURE



M532HAGA99-RA1253911

1936  
ATTY. MEDARDO G. DE LEMOS  
Director  
*Medardo G. De Lemos*



Date Printed: Friday, November 10, 2023 12:18 PM

Agency	RA	DATID	janet1
CASID	janet1	BIOID	janet1
O.R. No.	MP0PE0J3SA	REGID	
O.R. Date	11/10/2023 12:16:06 PM	INTID	
DST PAID		PRTID	janet1