

June 9, 2023

**HON. JANET MAGPANTAY ILAGAN**  
Municipal Mayor  
Municipality of Mataasnakahoy  
Mataasnakahoy, Batangas

Thru: **GALY D. TIPAN**  
Municipal Human Resource Management Office  
Municipality of Mataasnakahoy  
Mataasnakahoy, Batangas

I am writing your good office to respectfully seek for your approval upon my request to extend my office order of re assignment of duty from Municipal Health Office to Municipal Disaster Risk Reduction Office that will end on June 20,2023. It is my privileged working with MDRRMO for having additional knowledge and skills and I appreciated it much.

I am requesting to extend up to Dec. 31, 2023 for the reason that I am very much willing to extend my help to my officemates . During my stay at this office I established camaraderie among them and I am very thankful for the opportunity that I had.

Thank You , God Bless and more power.

Respectfully yours,  
  
**CONCEPCION M. MAGPANTAY**  
Midwife II



June 9,2023

**HON. JANET MAGPANTAY ILAGAN**  
Municipal Mayor  
Municipality of Mataasnakahoy  
Mataasnakahoy, Batangas

Thru: **GALY D. TIPAN**  
Municipal Human Resource Management Office  
Municipality of Mataasnakahoy  
Mataasnakahoy, Batangas

I am writing your good office to respectfully seek for your approval upon my request to extend my office order of re assignment of duty from Municipal Health Office to Municipal Disaster Risk Reduction Office that will end on June 20,2023. It is my privileged working with MDRRMO for having additional knowledge and skills and I appreciated it much.

I am requesting to extend up to Dec. 31, 2023 for the reason that I am very much willing to extend my help to my officemates . During my stay at this office I established camaraderie among them and I am very thankful for the opportunity that I had.

Thank You , God Bless and more power.

Respectfully yours,

  
**CONCEPCION M. MAGPANTAY**  
Midwife II





Republic of the Philippines  
Province of Batangas  
**MUNICIPALITY OF MATAASNAKAHOY**  
Tel. Nos. 043-7841113/ 4610107  
Telefax 043-7841016

## OFFICE OF THE MAYOR

**OFFICE ORDER**  
No. 14-S-2022

FROM : **HON. JANET MAGPANTAY ILAGAN**  
Municipal Mayor

TO : **CONCEPCION MAGPANTAY**  
Midwife II

DATE : **JUNE 16, 2022**

SUBJECT : **REASSIGNMENT OF DUTY FROM MUNICIPAL HEALTH  
OFFICE TO MUNICIPAL DISASTER RISK REDUCTION AND  
MANAGEMENT OFFICE**

---

In the exigency of service, you are hereby reassigned from Municipal Health Office to Municipal Disaster Risk Reduction and Management Office, this Municipality.

This order seeks to integrate and foster common understanding of the critical role of health in disaster risk reduction among multi-sectoral partners as well as those working in the health sector. Also, this strategy intends to improve the safety of integrated health-care networks of DRRM for more effective and efficient surveillance and a collective rapid response to aid the potential risks of pandemic, outbreaks, HazMat, contamination, and natural disasters.

In light with the provision stipulated under the Administrative Code of 1987, under Book V, Title 1, Subtitle A, Chapter 5, Sec. 26 (7), your reassignment does not involve reduction of your rank, status, or salaries.

For information and Guidance.

**JANET MAGPANTAY ILAGAN**  
Municipal Mayor

Conformed by:

**CONCEPCION MAGPANTAY**  
Midwife II

CS Form No. 33-A  
Revised 2018



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



Ms. CONCEPCION M. MAGPANTAY

You are hereby appointed as Midwife II SG - 11 under  
(Position Title)

Permanent status at the Office of the Municipal Health with a compensation of  
(Permanent, Temporary, etc.) (Office/Department/Unit)

Twenty Three Thousand Eight Hundred Seventy Seven Pesos (P 23,877.00) per month.

The nature of this appointment is Promotion vice -O-  
(Original, Promotion, etc.)

who - O with Plantilla Item No. 73 Page 6.  
(Transferred, Retired, etc.)

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

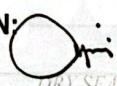
Very truly yours,

JANET MAGPANTAY- ILAGAN  
Municipal Mayor

September 20, 2021  
Date of Signing

APPROVED

CSC ACTION:



LILY BETH L. MAJOMOT

Director II

Authorized Official

OCT 25 2021

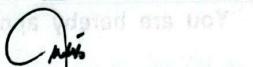
Date

OCT 26 2021 / 2:13 PM  
(Stamp of Date 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 August 23, 2021 to September 7, 2021 and posted in CSCFO Batangas, Public Market, HRM Bulletin and Office Lobby of Left Wing Building from August 23, 2021 to September 7, 2021 in consonance with RA No. 7041. The assessment by the Human Resource Merit Promotion and Selection Board (HRMPSB) started on September 9, 2021.



EVELYN R. OLARTE

Mun. Human Resource Management 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 14, 2021.



JANET MAGPANTAY- ILAGAN  
Municipal Mayor

### CSC Notation

ANY ERASURE OR ALTERATION ON THE CSC ACTION SHALL NULLIFY OR INVALIDATE THIS APPOINTMENT EXCEPT IF THE ALTERATION WAS AUTHORIZED BY THE COMMISSION.

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

### Acknowledgement

Received original/photocopy of appointment on Sept. 20, 2021.



CONCEPCION M. MAGPANTAY  
Appointee

## APPOINTMENT PROCESSING CHECKLIST

Name	CONCEPCION M. MAGPANTAY			
Position Title	Midwife II			
Monthly Compensation	P 23,877.00			
Agency	LGU-MATAASNAKAHOY, BATANGAS			
	SG/Step:	11		
	Daily Compensation (Casual)			
	Sector :	LGU	GOCC	
	NGA	SUC		
AREA	CRITERIA (Q.S. of the Position)	YES	NO	
<b>Qualification Standards</b> <i>Does the appointee meet the minimum qualification requirements of the position at the time of issuance of appointment?</i>	<b>1</b> Completion of Midwifery Course			
	<b>2</b> Experience: 2 years of relevant experience			
	<b>3</b> Training: 4 Hours of relevant training			
	<b>4</b> Eligibility: RA 1080			
	<b>5</b> Other Requirements (e.g. Age/Residency for LGU Dept. Heads; Term of Office for SUC President)			
	<b>6</b> Senior HS - Track/Strand Subjects (for DepEd appointments)  i. Original Copy/les of Appointment (3 copies) ii. CS Form No. 33-A Revised 2018 Appointment Form (Regulated) iii. CS Form No. 33-B Revised 2018 Appointment Form (Accredited) iv. CS Form No. 34-A Plantilla of Casual Appointment (Regulated) v. CS Form No. 34-B Plantilla of Casual Appointment (Accredited) vi. CS Form No. 34-C Plantilla of Casual Appointment (LGU - Regulated) vii. CS Form No. 34-D Plantilla of Casual Appointment (LGU - Accredited) viii. CS Form No. 34-E Plantilla of Casual Appointment (NGA-GOCC-SUC) ix. CS Form No. 34-F Plantilla of Casual Appointment (LGU)			
	<b>7</b> Employment Status  i. Provisional Appointment notation for DepEd ii. Is the appointee subject for Probation?  A notation that the appointee is under probation for a specified period shall be indicated on the face of the appointment issued			
	<b>8</b> Nature of Appointment			
	<b>9</b> Signature of Appointing Authority			
	<b>10</b> Date of Signing			
	<b>11</b> Certification of Publication/Posting of VACANT Position  (should be duly signed by the authorized HRMO)			
	<b>12</b> Certification by Chairperson of the HRMPSB or the Placement Committee  (at the back of appointment)			
	<b>13</b> Acknowledgement  Original/Photocopy of appointment received by the appointee? Date of receipt indicated?			
	<b>14</b> Properly filled-out Personal Data Sheet (CS Form 212, Revised 2017)  except for reappointment (renewal) to temporary, contractual, substitute and provisional appointments			
	<b>15</b> Submission and Effectivity of Appointment  Is the agency accredited?  i. If accredited, was RAI (CS Form No. 2, Revised 2018) with original copy of appointment (CSC copy) and supporting documents submitted to the CSC on or before the 30th day of the succeeding month?  ii. If NOT accredited, was the appointment (3 copies) submitted to the CSC with supporting documents in the prescribed Appointment Transmittal Form (CS Form No. 1, Revised 2018) within 30 calendar days from the date of issuance?			
	<b>Additional Requirements In Specific Cases</b> <i>Are the following cases applicable?</i>	<b>16</b> Erasures or alterations on the appointments  * Certification of Erasures/Alteration on appointment Form (CS Form No. 3, s. 2017) signed by the Appointing Officer /Authority or Any Authorized Official		
		<b>17</b> With decided administrative/criminal case  * Certified true copy of decision issued by the office/court/tribunal		
		<b>18</b> Discrepancy in name, date/place of birth  * Resolution/Order issued by the Commission / CSC Regional Office (CSCRO) concerned correcting the discrepancy		
		<b>19</b> Change of Civil Status on account of:  i. Marriage - Original Marriage Contract/ Certificate duly authenticated by the Philippine Statistics Authority or the Local Civil Registrar of the municipality /city where the marriage was registered or recorded ii. Annulment or Declaration of Nullity of the same - Authenticated copy of the Court Order and Marriage Certificate/Contract with annotation		
		<b>20</b> Appointments Issued by the SUCs under National Budget Circular (NBC) No. 461  * Copy of DBM-approved NOSCA on the reclassification of position based on NBC NO. 461 and SUC Board Resolution approving the same		
<b>21</b> Appointment Issued for faculty positions/ranks in fields/courses/colleges in SUCs and LUCs where there is dearth of holders of Master's degree in specific fields  * Certification issued by CHED that there is dearth of holders of Master's degree in specific fields				

Additional Requirements In Specific Cases Are the following cases applicable	22 Appointments Requiring Board Resolution such as Head of Agency appointment by the Board, SUC President, Local Water District (LWD) General Manager * Copy of Board Resolution		
	23 Ban on Issuance of Appointment During Election Period * Resolution Issued by the Commission on Elections (COMELEC) en banc, Chairman or Regional Election Director, granting exemption from the prohibition		
	24 LGU Appointment <ul style="list-style-type: none"> <li>i. Certification issued by the appointing officer/authority that appointment is issued in accordance with the limitations provided for under Section 325, RA No. 7180; and</li> <li>ii. Certification issued by the Provincial/City/Municipal Accountant that funds are available</li> <li>iii. Appointment to head of department or office, such as Department Head, Administrator, Legal Officer, and Information Officer positions requiring concurrence by the Sanggunian               <ul style="list-style-type: none"> <li>* Concurred / Acted by Sanggunian - Sanggunian Resolution embodying the concurrence of the majority of all the members of the Sanggunian</li> <li>* Not Concurred / Acted by Sanggunian - Certification issued by the Sanggunian Secretary or HRMO confirming the non-action by the Sanggunian</li> </ul> </li> <li>iv. Creation and reclassification of positions and appropriation of funds * Sanggunianong Panlawigan/Panlungsod/Bayan Ordinance</li> </ul>		
	25 Appointment involving Demotion <ul style="list-style-type: none"> <li>i. Non-Disciplinary in Nature               <ul style="list-style-type: none"> <li>* Certification issued by the agency head that the demotion is not the result of an administrative case; and</li> <li>* Written consent by the employee that he/she interposes no objection to his/her demotion</li> </ul> </li> </ul>		
	26 Temporary and Provisional Appointment <ul style="list-style-type: none"> <li>* Certification issued by the appointing officer/authority vouching the absence of an applicant who meets all the qualification requirements of the position (CS Form No. 5, Revised 2018)</li> </ul>		
	27 Reclassification <ul style="list-style-type: none"> <li>* NOSCA approved by the DBM/Memo Order issued by Governance Commission for GOCCs (GCC)</li> </ul>		
Documents Submitted	28 ORIGINAL COPY OF AUTHENTICATED CERTIFICATE OF ELIGIBILITY/ RATING/ LICENSE - Except if the eligibility has been previously authenticated in 2004 or onward and recorded by the CSC		
	29 Position Description Form (DBM-CSC Form No. 1, Revised 2017)		
	30 Oath of Office (CS Form No. 32, Revised 2018)		
	31 Certification of Assumption to Duty (CS Form No. 4, Revised 2018)		
	32 Performance Rating in the last period (Promotion or Transfer)		
	33 Justification (If the promotion is more than 3 SG)		
	34 Electronic file stored in CD/flash drive or sent thru email + 2 printed copies of: <ul style="list-style-type: none"> <li>i. Appointment Transmittal and Action Form (ATAF) (CS Form No. 1 rev. 2018) or</li> <li>ii. Reports on Appointment Issued (RAI) (CS Form No. 7 rev. 2018)</li> </ul>		
	35 Others:		

CSC FO Recommendation:

<input type="checkbox"/> APPROVAL/VALIDATION
<input type="checkbox"/> DISAPPROVAL/INVALIDATION
<input type="checkbox"/> OTHERS, specify: _____

Remarks (Indicate the reasons for disapproval/validation)

Evaluated:	Verified:	Recommended:
Date:	Date:	Date:

APC Form - (Revised 2018)

# 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)

## II. PERSONAL INFORMATION

2. SURNAME	MAGPANTAY		
FIRST NAME	CONCEPCION		
MIDDLE NAME	MEDINA		
3. DATE OF BIRTH (mm/dd/yyyy)	12/08/1969	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country: ▼
4. PLACE OF BIRTH	LIPA CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	1.50m	17. RESIDENTIAL ADDRESS	N/A      N/A House/Block/Lot No.      Street N/A      POBLACION III Subdivision/Village      Barangay MATAASNAKHOY      BATANGAS City/Municipality      Province
8. WEIGHT (kg)	50kgs	ZIP CODE	4223
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	N/A      N/A House/Block/Lot No.      Street N/A      POBLACION III Subdivision/Village      Barangay MATAASNAKHOY      BATANGAS City/Municipality      Province
10. GSIS ID NO.	2002006601	ZIP CODE	4223
11. PAG-IBIG ID NO.	1490-0022-0379	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	09-200523324-2	20. MOBILE NO.	09237417017
13. SSS NO.	N/A	21. E-MAIL ADDRESS (if any)	connie.magpantay_08@yahoo.com
14. TIN NO.	941-367-812		
15. AGENCY EMPLOYEE NO.	MHO 005		

## II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	MAGPANTAY		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	VENUS	NAME EXTENSION (JR., SR)	VIENA MAE M. MAGPANTAY	09/14/1990
MIDDLE NAME	CARAAN		VAN JOSHUA M. MAGPANTAY	09/29/1991
OCCUPATION	JEEPNEY OPERATOR/CHIEF MECHANIC		VON JUSTINE M. MAGPANTAY	07/06/1996
EMPLOYER/BUSINESS NAME	JEDI CORPORATION		VINCE JONAS M. MAGPANTAY	10/19/1997
BUSINESS ADDRESS	POBLACION II, MATAASNAKHOY, BATANGAS			
TELEPHONE NO.	9177573770			
24. FATHER'S SURNAME	MEDINA			
FIRST NAME	FELIPE	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ROLLON			
25. MOTHER'S MAIDEN NAME				
SURNAME	GARCIA			
FIRST NAME	VIOLETA			
MIDDLE NAME	CUSTODIO		(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	TAMBO ELEMENTARY SCHOOL	PRIMARY EDUCATION	1976	1982	N/A	1982	NONE
SECONDARY	THE MABINI ACADEMY/FERNANDO AIR BASE HIGH SCHOOL	SECONDARY EDUCATION	1982	1986	N/A	1986	NONE
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	LIPA CITY COLLEGES	BACHELOR OF SCIENCE IN SECONDARY EDUCATION	1989	1990	44	UNDER GRADUATE	NONE
	N.L. VILLA MEMORIAL MEDICAL CENTER	MIDWIFERY	1992	1995	80	1995	2ND HONOR
(Continue on separate sheet if necessary)							
SIGNATURE			DATE	09/17/2021			

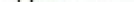
#### **IV. CIVIL SERVICE ELIGIBILITY**

(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.**

*(Continue on separate sheet if necessary)*

<b>SIGNATURE</b>		<b>DATE</b>	09/17/2021
------------------	---	-------------	------------

NAME & ADDRESS OF ORGANIZATION <small>(Write in full)</small>	INCLUSIVE DATES <small>(mm/dd/yyyy)</small>		NUMBER OF HOURS	POSITION / NATURE OF WORK
	From	To		
PHILIPPINE LEAGUE OF PRIVATE AND GOVERNMENT MIDWIVES	1998	PRESENT	N/A	MEMBER
INTEGRATED MIDWIVES OF THE PHILIPPINES INCORPORATION	1995	PRESENT	N/A	MEMBER

*(Continue on separate sheet if necessary)*

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

(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)

30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS <small>(Write in full)</small>	INCLUSIVE DATES OF ATTENDANCE <small>(mm/dd/yyyy)</small>		NUMBER OF HOURS	Type of LD <small>(Managerial, Supervisory, Technical/etc.)</small>	CONDUCTED/ SPONSORED BY <small>(Write in full)</small>
	From	To			
NATURAL FAMILY PLANNING TRAINING FOR CALABARZON HEALTH CARE PROVIDERS	09/18/2018	09/20/2018	24	SKILLS	DEPARTMENT OF HEALTH
SEMINAR WORKSHOP ON LANGUAGE PROFICIENCY	09/13/2018	09/14/2018	16	SKILLS	LOCAL GOVERNMENT UNIT
PLGM REGION IV-A REGIONAL CONVENTION	09/06/2018	09/07/2018	16	SKILLS	PHILIPPINE LEAGUE OF PRIVATE AND GOVERNMENT MIDWIVES
CERVICAL CANCER PREVENTION AND VISUAL INSPECTION WITH ACETIC ACID	07/10/2018	07/01/2018	32	SKILLS	DEPARTMENT OF HEALTH
19th NATIONAL GENERAL ASSEMBLY OF MIDWIVES	05/22/2018	05/25/2018	24	TECHNICAL	PHILIPPINE LEAGUE OF PRIVATE AND GOVERNMENT MIDWIVES
ORIENTATION ON ANTI SEXUAL HARRASSMENT ACT	10/28/2017	10/28/2017	8	SKILLS	LOCAL GOVERNMENT UNIT
EXPANDED PROGRAM ON IMMUNIZATION (EP)REFRESHER COURSE AND REACHING EVERY PUROK	08/01/2017	08/03/2017	24	SKILLS	DEPARTMENT OF HEALTH
GENDER AND DEVELOPMENT MAINSTREAMING PLANNING BUDGETTING & GENDER ANALYSIS SEMINAR FOR LOCAL GOVERNMENT UNIT HEALTH POINT PERSON	04/06/2017	04/07/2017	16	SUPERVISORY	DEPARTMENT OF HEALTH
WORKSHOP FOR THE FINALIZATION OF BATANGAS PROVINCE ELECTRONIC FIELD HEALTH SERVICE INFORMATION SYSTEM & LOCAL GOVERNMENT UNIT SCORECARD INDICATOR	03/31/2017	03/31/2017	16	TECHNICAL	DEPARTMENT OF HEALTH/PROVINCIAL HEALTH OFFICE
COLLABORATION WITH THE HEADS WITH THE NEWLY LICENSED BIRTHING HOMES IN CALABARZON	03/08/2017	03/09/2017	16	SUPERVISORY	DEPARTMENT OF HEALTH
Luzon Health Sustainability & Planning Workshop	03/30/2017	03/31/2017	16	TECHNICAL	DEPARTMENT OF HEALTH/PROVINCIAL HEALTH OFFICE
RE ENGINEERING AND REVISION WITH CITIZENS CHARTER	11/14/2016	11/14/2016	8	TECHNICAL	LOCAL GOVERNMENT UNIT
42ND ANNUAL CONVENTION & 43RD MIDWIFERY WEEK ORIENTATION ON SERVICE DELIVERY NETWORK	10/18/2016	10/21/2016	18	TECHNICAL	INTEGRATED MIDWIVES OF THE PHILIPPINES
BASIC EPIDEMIOLOGY TRAINING FOR DISEASE SURVEILLANCE OFFICERS OF BATANGAS PROVINCE	10/11/2016	10/14/2016	32	SUPERVISORY	DEPARTMENT OF HEALTH
GESTATIONAL DIABETIS MELLITUS POSTNATAL CARE & PERINATAL CARE	10/03/2016	10/03/2016	8	SKILLS	INTEGRATED MIDWIVES OF THE PHILIPPINES
ADOLESCENT JOB AID TRAINING FOR HEALTH SERVICE PROVIDERS	07/27/2016	07/29/2016	32	SKILLS	UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT
WORKSHOP ON THE FINALIZATION OF 2015ELECTRONIC FIELD HEALTH SERVICE INFORMATION SYSTEM FOR LOCAL GOVERNMENT UNIT	03/30/2016	04/01/2016	16	TECHNICAL	PROVINCIAL HEALTH OFFICE
WORKSHOP ON THE FINALIZATION OF 2015ELECTRONIC FIELD HEALTH SERVICE INFORMATION SYSTEM FOR LOCAL GOVERNMENT UNIT	03/17/2016	03/18/2016	16	TECHNICAL	PROVINCIAL HEALTH OFFICE
PUBLIC SERVICE ACCOUNTABILITY	11/24/2015	11/25/2015	16	TECHNICAL	LEGAL GOVERNMENT UNIT
ADVOCACY ORIENTATION & STRATEGIC PLANNING FOR ELECTRONIC FIELD HEATH SERVICE INFORMATION SYSTEM/INTERLOCAL HEALTH ZONE	04/28/2015	04/30/2015	32	TECHNICAL	DEPARTMENT OF HEALTH
DATA QUALITY CHECKING VALIDATION ELECTRONIC FIELD HEALTH SERVICE INFORMATION SYSTEM FOR LOCAL GOVERNMENT UNIT SCORECARD INDICATORS	03/11/2015	03/15/2015	32	SUPERVISORY	PROVINCIAL HEALTH OFFICE

*(Continue on separate sheet if necessary)*

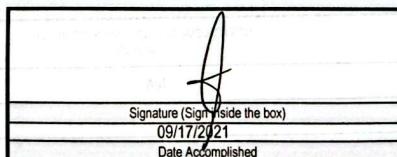
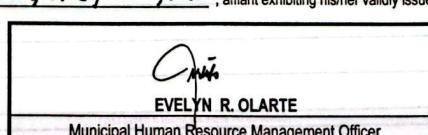
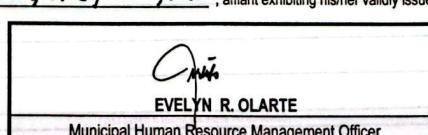
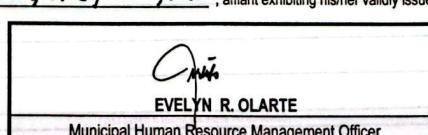
#### VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION <small>(Write in full)</small>	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION <small>(Write in full)</small>
FAMILY PLANNING COUNSELOR AND FASCILITATOR	N/A	N/A
NORMAL SPONTANOUS DELIVERY		
NEWBORNSCREENING		
DATA BASE ENCODER		
DISEASE SURVEILLANCE		
COVID 19 SWABBER		

*(Continue on separate sheet if necessary)*

SIGNATURE		DATE	09/17/2021
-----------	--	------	------------



<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 checked="" 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: _____												
<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: _____												
<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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
<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 If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 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 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.: _____												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p> <table border="1"> <thead> <tr> <th>NAME</th> <th>ADDRESS</th> <th>TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>KARLA M. CARAAN MD.</td> <td>Brgy. San Sebastian, Mataasnakahoy, Batangas</td> <td>9175821393</td> </tr> <tr> <td>ANALIZA R. ABRENICA, RN, MAN</td> <td>Provincial Health Office ,Batangas City</td> <td>9276112691</td> </tr> <tr> <td>Engr.KIM ANNE URBIZTONDO</td> <td>Department of Health,Quezon City</td> <td>9171538707</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	KARLA M. CARAAN MD.	Brgy. San Sebastian, Mataasnakahoy, Batangas	9175821393	ANALIZA R. ABRENICA, RN, MAN	Provincial Health Office ,Batangas City	9276112691	Engr.KIM ANNE URBIZTONDO	Department of Health,Quezon City	9171538707	
NAME	ADDRESS	TEL. NO.												
KARLA M. CARAAN MD.	Brgy. San Sebastian, Mataasnakahoy, Batangas	9175821393												
ANALIZA R. ABRENICA, RN, MAN	Provincial Health Office ,Batangas City	9276112691												
Engr.KIM ANNE URBIZTONDO	Department of Health,Quezon City	9171538707												
<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.</p>		 												
<p>Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc)  <b>PLEASE INDICATE ID Number and Date of Issuance</b></p> <table border="1"> <tr> <td>Government Issued ID: PRC</td> </tr> <tr> <td>ID/License/Passport No.: 0109204</td> </tr> <tr> <td>Date/Place of Issuance: 07/31/1995</td> </tr> </table> <p>SUBSCRIBED AND SWORN to before me this 17<sup>th</sup> day of September, 2021, affiant exhibiting his/her validly issued government ID as indicated above.</p> <table border="1"> <tr> <td></td> </tr> <tr> <td>EVELYN R. OLARTE</td> </tr> <tr> <td>Municipal Human Resource Management Officer</td> </tr> </table>			Government Issued ID: PRC	ID/License/Passport No.: 0109204	Date/Place of Issuance: 07/31/1995		EVELYN R. OLARTE	Municipal Human Resource Management Officer						
Government Issued ID: PRC														
ID/License/Passport No.: 0109204														
Date/Place of Issuance: 07/31/1995														
														
EVELYN R. OLARTE														
Municipal Human Resource Management Officer														

## WORK EXPERIENCE SHEET

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

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 starting with the most recent/present employment

**Sample:** If applying to Supervising Administrative Officer

- Duration: January 2,2006 up to present
- Position: Midwife II
- Name of Office/Unit: Municipal Health Office
- Immediate Supervisor: Dra Karla M.Caraan
- Name of Agency/Organization and Location: Local Government Unit -Mataasnakahoy
  - List of Accomplishments and Contributions (if any)
    - Developed Procurement Management Program for Health
    - Developed Annual Supplies Procurement Program for Health
    - Accreditation to Philhealth (TB DOTS/Birthing Facility/Primary Care Benefit Package
    - Licensing of Birthing Home
    - Accreditation for Newbornscreening
    - Designed different training program for health
    - Designed different project proposals for health
    - Developed Investment Plan for Health
    - Developed ARTA for Health
    - Focal persons of Department of Health for Health Facility Enhancement Program
    - Family Planning Facilitator (FPCBT 1-Family Planning Competency Based Training)
    - Trainor of Community Health Team
    - Coordinator to Covid Hospitals and Covid Facilities
    - National Immunization Program Coordinator
    - Cold Chain Manager
    - Disease Surveillance Officer/Coordinator
    - EFHSIS Coordinator
  - Summary of Actual Duties
    - Responsible for the health of 3 Barangays assigned including
      - Maternal Care (attends spontaneous delivery, pre-natal and post natal check up)
      - Child Care ( newbornscreening, immunization, deworming & micronutrient supplementation) and other health related concern and preparation of monthly Reports
      - Immunization to Senior Citizen (Anti Influenza and Anti Pneumonia)
    - Responsible for monitoring in school base and community immunization e.g. OPV/MRSIA
    - Responsible for the renewal of license of Birthing facility and Primary Care Benefit and accreditation to Philhealth.
    - Coordinates at Department of Health for the projects under the Health Facility Enhancement program e.g. improvement of Rural Health Unit, construction and improvement of Barangay Health Stationss , procurement of medical supplies, equipment and drug and medicines and vehicle.

- Responsible for the counseling, registration and initial administration of modern family planning method, e.g. Injection of DMPA, Pills, SDM, condom and natural family planning method.
- Responsible for Responsible Parenthood and Pre-Marital Counselling
- Responsible for Adolescent Job Aid like giving lectures of reproductive health to private and public schools and counseling of teenage pregnant women.
- Encoding and validation of reports of all barangays and all health programs. (Electronic Field Health System)
- Responsible in monitoring of daily temperature of vaccines, manage required cold storage and daily/weekly inventory.
- Responsible for request of vaccines and vaccination supplies (Covid and Regular vaccines) at Provincial and Regional Office.
- Responsible in Disease Surveillance and Response including preparation of case investigations, events surveillance response, incident reports, encoding of notifiable diseases and doing basic epidemiology.
- Covid responder, monitoring of covid patients, contact tracing, swabbing, doing referrals and transfer to covid facilities and hospitals, validate covid reports from time to time.
- Maintain professional and technical knowledge by attending workshops, seminars and trainings.

- Duration: June 1998 – December 30, 2005
- Position: Contractual/Job order
- Name of Office/Unit: Municipal Health Office
- Immediate Supervisor: Dra. Imelda Dimayuga  
: Dra. Chona Reyes
- Name of Agency/Organization and Location
  - List of Accomplishments and Contributions (if any)
    - Developed Project Proposals for Health .
    -
  - Summary of Actual Duties
    - Assists in Municipal Action Officer in preparation of reports
    - Assists Public Health nurse in preparation of reports
    - Preparation of procurement documents.
    - Assists in immunization in different barangays
    - Responsible in transport vaccine from Provincial Health Office
    - Conduct immunization in Rural Health Unit
    - Assists in normal spontaneous home delivery .
    - Attends workshops, trainings and seminars.

CONCEPCION M. MAGPANAT  
(Signature over Printed Name  
of Employee/Applicant)

Date: 9/17/2021



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 CONCEPCION M. MAGPANTAY as Midwife II in the Office of the Municipal Health 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-LAGAN  
Municipal Mayor



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

**OFFICE OF THE MUNICIPAL ACCOUNTANT**

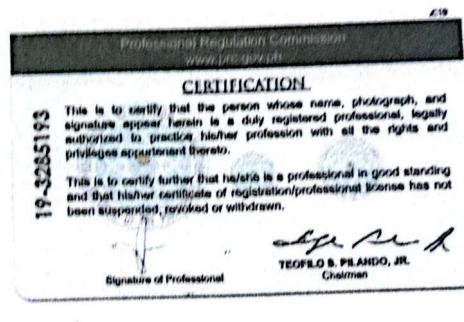
**CERTIFICATION**

: THIS IS TO CERTIFY that funds are available for the position of Midwife II in the Office of the Municipal Health of this municipality, with Salary Grade 11 amounting to TWO HUNDRED EIGHTY SIX THOUSAND FIVE HUNDRED TWENTY FOUR PESOS (P 286,524.00) per annum as per Annual Budget CY-2021 of this municipality.

Issued this 20th day of September , 2021 at Mataasnakahoy, Batangas.

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

**LENILYN C.CARAAN**  
Municipal Accountant



Republic of the Philippines  
Professional Regulation Commission  
**CERTIFIED TRUE COPY:**

RAMONCITO B. DE QUZMAN  
Professional Regulations Officer  
P.R.C. No. 110000000000  
Date: 6/20/24

Republic of the Philippines  
**POSITION DESCRIPTION FORM**  
**DBM-CSC Form No. 1**  
(Revised Version No. 1, s. 2016)

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

Midwife II

<b>2. ITEM NUMBER</b>		<b>3. SALARY GRADE</b>			
78		11			
<b>4. FOR LOCAL GOVERNMENT POSITION, ENUMERATE GOVERNMENTAL UNIT AND CLASS</b>					
<input type="checkbox"/> Province <input type="checkbox"/> City <input checked="" type="checkbox"/> Municipality		<input type="checkbox"/> 1st Class <input type="checkbox"/> 2nd Class <input type="checkbox"/> 3rd Class <input checked="" type="checkbox"/> 4th Class			
<b>5. DEPARTMENT, CORPORATION OR AGENCY/ 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		Office of the Municipal Health			
<b>9. PRESENT APPROP ACT</b>	<b>10. PREVIOUS APPROP ACT</b>	<b>11. SALARY AUTHORIZED</b>	<b>12. OTHER COMPENSATION</b>		
SB Resolution No. 109-S-2021/ Ordinance of Budget No. 05-S-2021		P 23,877.00	PERA P 2,000.00 Clothing Allow. 6,000.00 Subsistence/ Laundry/Quarter Allow. 1,025.00 Hazard Pay 5,969.25 Cash Gift 5,000.00 Year End Bonus 23,877.00 Mid-year Bonus 23,877.00 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> <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>					
BP apparatus, OB bag, stethoscope, syringe, needle, gloves, medicine					
<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	<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):		
Staff	<input type="checkbox"/>	<input type="checkbox"/>			
<b>18. WORKING CONDITION</b>					
Office Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other/s (Please Specify)		
Field Work	<input type="checkbox"/>	<input checked="" 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>			
Assist the physician or personally attend to normal spontaneous delivery or low-risk pregnancies and give necessary supervision, care and advise during pregnancy, labor, and postpartum period.			
<b>21. QUALIFICATION STANDARDS</b>			
<b>21a. Education</b>	<b>21b. Experience</b>	<b>21c. Training</b>	<b>21d. Eligibility</b>
Completion of midwifery course	two (2) years of relevant experience	Four (4) hours of relevant training	RA 1080
<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>			
<b>Percentage of Working Time</b>	<b>(State the duties and responsibilities here:)</b>		<b>Competency Level</b>
15%	Assist the Municipal Health Officer in attending to normal spontaneous delivery, pre-natal and post-natal clinic, and in well-baby and well-child conference;		None Yet
15%	Attend to normal spontaneous delivery/low-risk pregnancies and filing of Certificate of Live Birth;		None Yet
15%	Identify high risk pregnancies and making referrals to doctors and other medical specialists;		None Yet
10%	Assist in immunization and breastfeeding campaign/advocacies;		None Yet
10%	Assist in organizing mother class program to enhance capability of mothers to provide stimulating development of children;		None Yet
10%	Give health supervision to children below 1 year old and prepare monthly reports;		None Yet
10%	Provide counselling and advise before and after screening tests;		None Yet
10%	Give necessary supervision, care and advise to women during pregnancy, labor, and the postpartum period;		None Yet
5%	Perform other duties and responsibilities that may be assigned from time to time.		None Yet
<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.			
<u>CONCEPCION M. MAGPANTAY 9/20/21</u> Employee's Name, Date and Signature		<u>KARLA M. CARAAN, M.D. 9/20/21</u> Municipal Health Officer, Date and Signature	



Republic of the Philippines  
Province of Batangas  
**MUNICIPALITY OF MATAASNAKAHOY**  
Tel. No. (043) 784-1088  
e-mail: [hrmo\\_lgumataasnakahoy@yahoo.com.ph](mailto:hrmo_lgumataasnakahoy@yahoo.com.ph)

## OFFICE OF THE MUNICIPAL HUMAN RESOURCE MANAGEMENT

### CERTIFICATION

This is to certify that Ms. Concepcion M. Magpantay , Midwife I at the Office of the Municipal Health, got Very Satisfactory Rating in her Individual Performance Commitment Report (IPCR) for the rating period July to December 2020 and January to June 2021, with the Numerical Rating of 4.3100.

Issued this 20<sup>th</sup> day of September, 2021 for whatever legal purpose it may serve.

  
**EVELYN R. OLARTE**  
Mun. Human Res. Mgt. Officer



RELEASED  
CHEDRQ IV  
SEP 10 2021  
By: \_\_\_\_\_

COMMISSION ON HIGHER EDUCATION  
QUEZON CITY

**CERTIFICATION, AUTHENTICATION AND VERIFICATION**

CAV (IV-A) No.: 6808  
Series of : 2021

To Whom It May Concern:

This is to certify that based on the records forwarded by the concerned Higher Education Institution, the following information are true and correct:

Name of Student	: CONCEPCION G. MEDINA
Degree/Program	: GRADUATE IN MIDWIFERY
Date Started/Enrollment	: FIRST SEMESTER, SY 1989-1990
Date Ended (Units Earned)/Graduation	: MARCH 1995
Special Order No.	: 404-0110 S. 1995 DATED APRIL 3, 1995
Mode of Study	: CONVENTIONAL (CLASSROOM SETTING)
Name of Institution	: N.L. VILLA MEMORIAL HOSPITAL, INC. SCHOOL OF MIDWIFERY (N. L. VILLA MEMORIAL MEDICAL CENTER SCHOOL OF MIDWIFERY)
Address	: LIPA CITY

This is to further certify that the above institution is a duly authorized private higher education institution and the entries in the Transcript of Records are authentic and the signatures appearing therein are those of the school President and other authorities.

This further certifies that N.L. VILLA MEMORIAL HOSPITAL, INC. SCHOOL OF MIDWIFERY had been closed as a higher education institution.

Issued upon the request of CONCEPCION G. MEDINA for whatever legal purpose it may serve.

For the Commission:

NOT VALID WITHOUT CHED SEAL OR  
WITH ERASURE OR ALTERATION

**FREDDIE B. BULAUAN, DPA**  
Chief Administrative Officer

Processed by: \_\_\_\_\_  
Reviewed by: \_\_\_\_\_  
OR No. : 3586452  
Date Issued : 09-10-21  
Amount : 80,00

SN - 0692446



**N. L. VILLA MEMORIAL MEDICAL CENTER**  
**SCHOOL OF MIDWIFERY**  
**LIPA CITY**

**OFFICIAL TRANSCRIPT OF RECORD**

Name: MEDINA, Concepcion G. Course: Midwifery  
 Home Address: Longos, M-Kahoy, Batb Date of Admission 2nd Sem., 1992  
 School Attended Elementary: Tambo Elem. Sch 19 82  
 High School: Fernando Air Base H/S 19 86  
 NCEE: No.: \_\_\_\_\_ Gen. Ave. \_\_\_\_\_

Course Number	Descriptive Title	Rating	Units
	<u>LIPA CITY COLLEGES</u> <u>First Semester, 1989-90</u>		
Bas Math 1	Basic Mathematics	2.75	3
Engl 1	Communication Skills/Arts	2.5	3
Fil 11	Gam. Pil., Kom. at Pagbasa	2.25	3
Dev Rdg	Developmental Reading	1.75	3
Hist. 3a	Ehil. Hist: Roots & Development	1.75	3
Psycho 1	Gen. Psychology w/Drug Abuse and Mor Reg	2.0	3
Pol Sci 4a	Phil, Gov't w/New Constitution	1.75	3
PE	Self-Testing Activities	2.0	1
	<u>Second Semester, 1989-90</u>		
Econ 1a	Prin. of Econ w/TLR	2.0	3
Math 1	College Algebra	1.75	3
Philo 1	Logic	1.75	3
Fil 12	Kasanayan sa Sining ng Pakikipag-talastasan	2.5	3
Psycho 2b	Human Growth, Learning & Dev't	2.5	3
Engl 2	Cmm Arts w/Intensive English	2.5	3
Music 1	Fund Course in Music	2.0	3
PE	Fund. of Rhythmic Activities	1.5	1
	<u>N. L. VILLA MEM. MEDICAL CENTER</u>		
	<u>Second Semester, 1992-93</u>		
Pil 2	Sining ng Pakikipagtalastasan	85	3
	Nutrition and Dietetics	88	3
	Prin of Community Work	85	3
	Phil. Hist. Gov't & Constitution	84	3
	<u>First Semester, 1993-94</u>		
	Foundation of Health Care I	86	3
	Obstetrics I	92	5
	Anatomy & Physiology	92	3
	Ethics I	83	3
PE 3	Physical Education	80	2
CE	Clinical Experience	80	
	<u>Second Semester, 1993-94</u>		
	Care of Infants & Children	85	3
	Foundation of Health Care II	85	4
	Sociology of Art	80	3
	Obstetrics II	85	5
CE	Clinical Experience	83	
	<u>First Semester, 1994-95</u>		

Remarks: \_\_\_\_\_ more on next page \_\_\_\_\_

*Certified true and correct:*

Not valid without the school seal.

Prepared by :

Verified by :

/

CERTIFICATE OF LIVE BIRTH (IN OUR COMPLETION, ACCURACY, LEGIBILITY AND TIMELINESS)											
PROVINCE: <u>BAL.</u>			MUNICIPALITY: <u>Bar.</u>			REGISTER NUMBER: (a) Civil Registrar General No.: <u>9229</u> (b) Local Civil Registrar No.: <u>9229</u>					
1. PLACE OF BIRTH:						2. PLACE OF BIRTH:					
a. PROVINCE: <u>BAL.</u>			b. CITY OR MUNICIPALITY: <u>Bar.</u>			a. PROVINCE: <u>BAL.</u>			b. CITY OR MUNICIPALITY: <u>Bar.</u>		
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address): <u>Bar.</u>			d. In PLACES OF BIRTH: CITY (Town) <u>Bar.</u>			e. In PLACES OF BIRTH: CITY (Town) <u>Bar.</u>			f. Is there any other place?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>						YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
3. NAME (Type or print): <u>C. Bersales</u>			4. SEX: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			5. If Twin or Triplets, with Child: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th			6. Date of Birth: <input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year		
7. NAME: <u>C. Bersales</u>			8. BIRTHPLACE: <u>Bar.</u>			9. BIRTHPLACE: <u>Bar.</u>			10. NATIONALITY: <u>Bar.</u>		
11. AGE (At time of birth): <input type="checkbox"/> Year <input checked="" type="checkbox"/> Month <input type="checkbox"/> Day			12. BIRTHMARKS: <u>Bar.</u>			13. BIRTHMARKS: <u>Bar.</u>			14. OCCUPATION: <u>Bar.</u>		
15. MARRIED NAME: <u>C. Bersales</u>			16. BIRTHMARKS: <u>Bar.</u>			17. BIRTHMARKS: <u>Bar.</u>			18. NATIONALITY: <u>Bar.</u>		
19. AGE (At time of birth): <input type="checkbox"/> Year <input checked="" type="checkbox"/> Month <input type="checkbox"/> Day			20. BIRTHMARKS: <u>Bar.</u>			21. BIRTHMARKS: <u>Bar.</u>			22. BIRTHMARKS: <u>Bar.</u>		
23. INFORMANT'S BIRTHMARKS: <u>Bar.</u>			24. ATTENDANT AT BIRTH: <u>Bar.</u>			25. DATE ISSUED BY ATTENDANT AS BIRTH:			26. How many children are now living? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
25. INFORMANT'S NAME: <u>Bar.</u>			26. ATTENDANT AT BIRTH: <u>Bar.</u>			27. ATTENDANT AT BIRTH: <u>Bar.</u>			28. How many other children were born alive but now dead? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
26. ADDRESS: <u>Bar.</u>			27. ADDRESS: <u>Bar.</u>			28. ADDRESS: <u>Bar.</u>			29. How many fetal deaths (foetuses born dead) than other cases reported? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
29. MOTHER'S MAILING ADDRESS (Number, Street, City or Municipality, Province): <u>Bar.</u>			30. ATTENDANT AT BIRTH: <u>Bar.</u>			31. a. GIVING NAME AND ADDRESS: <u>Bar.</u>			32. b. DATE WHEN CERTAINLY DEAD: <u>Bar.</u>		
30. ATTENDANT AT BIRTH: <u>Bar.</u>			31. a. GIVING NAME AND ADDRESS: <u>Bar.</u>			32. b. DATE WHEN CERTAINLY DEAD: <u>Bar.</u>			33. c. DATE WHEN CERTAINLY DEAD: <u>Bar.</u>		
31. a. GIVING NAME AND ADDRESS: <u>Bar.</u>			32. b. DATE WHEN CERTAINLY DEAD: <u>Bar.</u>			33. c. DATE WHEN CERTAINLY DEAD: <u>Bar.</u>			34. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)		
32. b. DATE WHEN CERTAINLY DEAD: <u>Bar.</u>			33. c. DATE WHEN CERTAINLY DEAD: <u>Bar.</u>			35. DATE CERTIFICATE IS ISSUED AND BY:			36. DATE CERTIFICATE IS ISSUED AND BY:		
33. c. DATE WHEN CERTAINLY DEAD: <u>Bar.</u>			34. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)			35. DATE CERTIFICATE IS ISSUED AND BY:			36. DATE CERTIFICATE IS ISSUED AND BY:		
34. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)			35. DATE CERTIFICATE IS ISSUED AND BY:			36. DATE CERTIFICATE IS ISSUED AND BY:					
35. DATE CERTIFICATE IS ISSUED AND BY:			36. DATE CERTIFICATE IS ISSUED AND BY:								
36. DATE CERTIFICATE IS ISSUED AND BY:											
(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)											

06537-05-105BLM-00889-BI003

BEST POSSIBLE IMAGE

BReN  
01014-A69Z805-5Documentary  
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. 87-1 FORM NO. 17

S-10-90

REGISTER NO. 90-66

Archdiocese of Lipa

## MARRIAGE CONTRACT

City or Municipality of ..... Province of ..... 10/81

	HUSBAND	WIFE	
Contracting Parties	VENUS MAGPANTAY	CONCEPCION MEDINA	
(a) Date of Birth	June 27, 1970 (19/10 mos.)	Dec. 6, 1967 (22/5 mos.)	19
(b) Nationality	Filipino	Filipino	1
(c) Religion	Catholic	Catholic	10/81
(d) Birthplace	Pob. Mataasnakahoy, Bata.	Sico, Lipa City	
(e) Residence	Brgy. III, M-Kahoy, Bata.	Sico, Lipa City	1
Single (widowed or divorced)	Single	Single	
Father	Pedro Magpantay	Felipe Medina	
Nationality	Filipino	Filipino	
Mother	Rosenda Caraan	Violeta Caraan	22
Nationality	Filipino	Filipino	1
Witness	Engr. Mrs. Manuel Caraan		10/80
(a) Resident	Brgy. III, M-Kahoy, Bata.		1
Persons who gave consent or Advice	Parents	Parents	
(a) Residence	Brgy. III, M-Kahoy, Bata.	Sico, Lipa City	
(b) Relation to contracting party			

Place of marriage: IMMACULATE CONCEPTION PARISH, Mataasnakahoy, Batangas

05

Date of marriage MAY 27, 1990

27

Marriage solemnized by REV. FR. RONALD MURRAY OSSR

(a) Parish Priest (Position) (b) Redemptorist Chapel, Lipa City (Address) 90

VENUS MAGPANTAY

THIS IS TO CERTIFY: That I, CONCEPTION MEDINA on the date and at the place above given, of our own free will

and accord, and in the presence of the person solemnizing this marriage and of the two witnesses named below, both of age, take each other as husband and wife

And I, REV. FR. RONALD MURRAY OSSR. (Position)

CERTIFY: That on the date and at the place above written the aforesaid VENUS MAGPANTAY

and CONCEPTION MEDINA were with their mutual consent lawfully joined together in holy matrimony by me in the presence of said witnesses, both of age, and I further certify that the Marriage License No. 9216179 issued at M-Kahoy on May 25, 1990 in favor of said parties was exhibited to me or no marriage license was exhibited to me this marriage being of an exceptional character performed under Art. \_\_\_\_\_ of Executive Order No. 209, as amended by Executive Order No. 227, and that consent or advice to such marriage was duly given, as required by law, by the person or persons above mentioned.

In witness whereof, we signed, (or marked with our fingerprint) this certificate in triplicate this 27th day of May, 1990

VENUS MAGPANTAY  
(Contracting Party)CONCEPCION MEDINA  
(Contracting Party)

R. J. Murray

REV. FR. RONALD MURRAY OSSR.

Officiating Priest

Authorization No. 1176

My Faculty shall expire on 1990

0990

DANIEL A. ARABO, SR., CESO II  
Assistant Secretary  
Deputy National Statistician  
Civil Registration and Central Support Office (CRCSO)

## WITNESSES

Retrogito Papay  
AvelFelicidad M. Tapay  
Anne A. Constant

06948-FC-105APB-01072-MI002

BEST POSSIBLE IMAGE



T105069481050107201092019002

WM500618301

Documentary  
Stamp Tax Paid

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





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

## OATH OF OFFICE

I, CONCEPCION M. MAGPANTAY of Brgy. III , Mataasnakahoy, Batangas having been appointed to the position of Midwife II 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.

A handwritten signature in black ink, appearing to read "CONCEPCION M. MAGPANTAY".

CONCEPCION M. MAGPANTAY  
(Signature over Printed Name of the Appointee)

Government ID: PRC  
ID Number : 0109204  
Date Issued : December 8, 2020

---

Subscribed and sworn to before me this 20<sup>th</sup> day of September, 2021 in Mataasnakahoy Batangas, Philippines.

JANET MAGPANTAY-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. CONCEPCION M. MAGPANTAY has assumed the duties and responsibilities as Midwife II in the Office of the Municipal Health effective September 20, 2021.

This certification is issued in connection with the issuance of the appointment of Ms. Magpantay as Midwife II.

Done this 20<sup>th</sup> day of September 2021 in Mataasnakahoy, Batangas.



JANET MAGPANTAY- ILAGAN  
Municipal Mayor

Date: September 20, 2021

Attested by:



EVELYN R. OLARTE  
Mun. Human Res. Mgt. Officer

201 file  
Admin  
COA  
CSC