

CS Form No. 33-B
Revised 2018



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY



Mr. JUDIEL A. GUNDA

You are hereby appointed as Agricultural Technician II (SG-8)
(Position Title)
under Permanent status at the Office of the Municipal Agriculture
(Permanent, Temporary, etc.)
with a compensation rate of Fifteen Thousand Four Hundred One P 15,401.00
pesos per month.
The nature of this appointment is Original vice _____
(Original, Promotion, etc.)
N/A, who Vacant with Plantilla Item No. 130
(Transferred, Retired, etc.)
Page 9.

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/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 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

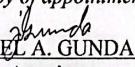
CSC/HRMO Notation

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


JUDIEL A. GUNDA
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. GSIS ID No. _____ (Do not fill up. For CSC, use only)

I. PERSONAL INFORMATION

2 SURNAME	GUNDA		
FIRST NAME	JUDIEL		
MIDDLE NAME	AGUILERA		
3 DATE OF BIRTH (mm/dd/yyyy)	09/16/1997	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	CANDELARIA, QUEZON	If holder of dual citizenship, please indicate the details	
5 SEX	<input checked="" type="checkbox"/> Male <input 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	N/A House/Block/Lot No. _____ PUROK 3 Subdivision/Village _____ MATAASNAKAHOY City/Municipality _____ BATANGAS Province _____
7 HEIGHT (m)	1.65	ZIP CODE	4223
8 WEIGHT (kg)	80		
9 BLOOD TYPE	O+	18 PERMANENT ADDRESS	SITIO LANSONESAN House/Block/Lot No. _____ N/A Subdivision/Village _____ CANDELARIA City/Municipality _____ STA. CATALINA NORTE Street _____ Barangay _____ QUEZON Province _____
10 GSIS ID NO	N/A	ZIP CODE	4323
11 PAG-IBIG ID NO	1212-9538-9162	19 TELEPHONE NO	N/A
12 PHILHEALTH NO	0802-6668-4944	20 MOBILE NO	09455684438
13 SSS NO	04-4307502-7	21 E-MAIL ADDRESS (if any)	judielgunda16@gmail.com
14 TIN NO	360-885-963-000		
15 AGENCY EMPLOYEE NO	N/A		

II. FAMILY BACKGROUND

22 SPOUSE'S SURNAME	N/A		23 NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR.)	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	GUNDA			
FIRST NAME	MAXIMO	NAME EXTENSION (JR., SR.)	N/A	
MIDDLE NAME	GUNDA (deceased)			
25 MOTHER'S MAIDEN NAME	PAULA LAJARA AGUILERA			
SURNAME	AGUILERA			
FIRST NAME	PAULA			
MIDDLE NAME	LAJARA			

(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	STA. CATALINA NORTE ELEMENTARY SCHOOL	PRIMARY EDUCATION	2005	2011	GRADUATED	2011	N/A
SECONDARY	STA. CATALINA NORTE NATIONAL HIGH SCHOOL	SECONDARY EDUCATION	2011	2015	GRADUATED	2015	N/A
VOCATIONAL/ TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	SOUTHERN LUZON STATE UNIVERSITY - TIAONG CAMPUS	BACHELOR IN AGRICULTURAL TECHNOLOGY	2015	2019	GRADUATED	2019	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	<i>Judiel Gunda</i>	DATE	09-16-24
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IN-OMNI SERVICE ELIGIBILITY

(Continue on separate sheet if necessary)

WORK EXPERIENCE

www.williams.com | www.williams.com/leadgen

SIGNATURE

jbrunda

DATE

09-16-24

VOLUNTARY 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

(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)

(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)
FARMING	N/A	PAA - PHILIPPINE AGRICULTURE ASSOCIATION
MEAT FABRICATION		- NOTHING FOLLOWS -
DRESSING OF CHICKEN		
VERMICOMPOSTING		
- NOTHING FOLLOWS -		
SIGNATURE	ibundca	DATE
		09-16-24

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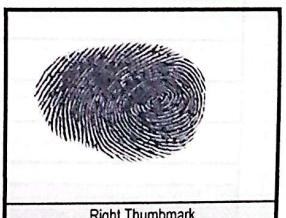
<p>34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,</p> <p>a. within the third degree?</p> <p>b. within the fourth degree (for Local Government Unit - Career Employees)?</p>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input 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: _____ <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: _____
<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.: _____

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

NAME	ADDRESS	TEL. NO.
AILEEN ANDAL	MATAASNAKHOY, BATANGAS	9171890486
MARIVIC MALLO	MATAASNAKHOY, BATANGAS	9950285711
GILBERT ESCANILLA	SAMPALOC, QUEZON	9955208131



PHOTO

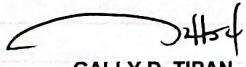


Right Thumbmark

Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID: DRIVER'S LICENSE	
ID/License/Passport No.: 162943369	
Date/Place of Issuance: Lucena City, Quezon	

	
Signature (Sign inside the box)	
09-16-27	
Date Accomplished	

SUBSCRIBED AND SWORN to before me this 16th day of Sept. 2024, affiant exhibiting his/her validly issued government ID as indicated above.


GALLY D. TIPAN
Municipal Human Resource Management Office

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: January 24, 2023 – present
- Position: Job Order / Utility Aide
- Name of Office/Unit: Municipal Agricultural Office
- Immediate Supervisor: Aileen L. Andal
- Name of Agency/Organization and Location: Local Government Unit of Mataasnakahoy, Batangas
- List of Accomplishments and Contributions (if any)
 - Provides assistance in the department's program and activities and performs other related functions.
- Summary of Actual Duties
 - Responsible for assisting clients and visitors regarding Seeds, Registry System on Basic Sector on Agriculture Registration, Sorting RSBSA, Packing Seeds and other paper works. Conduct catching of stray animals, ASF surveillance, blood collection, farm monitoring and inspection and answering in queries of farmers.

Jamunda
JUDIE A. GUNDA

(Signature over Printed Name
of Employee/Applicant)

Date: 09/16/2024

		EDUCATION IN AGRICULTURAL TECHNOLOGY		2015	2019	GRADUATED	2019	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
(Continue on separate sheet if necessary)								
SIGNATURE	<i>Jamunda</i>	DATE	09 - 16 - 24					



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

C E R T I F I C A T I O N

TO WHOM IT MAY CONCERN:

This is to certify that in connection with the appointment of Mr. Judiel A. Gunda as Agricultural Technician II in the Office of the Municipal Agriculture 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 Agricultural Technician II in the Office of the Municipal Agriculture of this municipality, with Salary Grade 8 amounting to ONE HUNDRED EIGHTY FOUR THOUSAND EIGHT HUNDRED TWELVE PESOS (P 184,812.00) per annum as per Annual Budget CY-2024 of this municipality.

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



LENILYN C. CARAAN
Municipal Accountant

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of October 1, 2024

(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

DECLARANT: GUNDA JUDIEL A
(Family Name) (First Name) (M.I.)
ADDRESS: SANTOL, MATAASNAKAHOY, BATANGAS

POSITION: AGRICULTURAL TECHNICIAN II
AGENCY/OFFICE: LGU MATAASNAKAHOY
OFFICE ADDRESS: BRGY. IV
MATAASNAKAHOY, BATANGAS

SPOUSE: N/A
(Family Name) (First Name) (M.I.)

POSITION: N/A
AGENCY/OFFICE:
OFFICE ADDRESS:

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

NAME	DATE OF BIRTH	AGE
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*

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE (As found in the Tax Declaration of Real Property)	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
					YEAR	MODE	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Subtotal: _____

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
CELLPHONE - VIVO V21E	2021	17,000.00
MOTORCYCLE - NMAX V2	2022	175,000.00

Subtotal: 192,000.00

TOTAL ASSETS (a+b): 192,000.00

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

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
N/A	N/A	N/A

TOTAL LIABILITIES:

NET WORTH: Total Assets less Total Liabilities = 192,000.00

* 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)

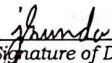
I/ We do not know of any relative/s in the government service)

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: OCTOBER 1, 2024


(Signature of Declarant)

N/A
(Signature of Co-Declarant/Spouse)

Government Issued ID: DRIVER'S LICENSE
ID No.: D09-21-002604
Date Issued: 03-05-2021

Government Issued ID: _____
ID No.: _____
Date Issued: _____

SUBSCRIBED AND SWORN to before me this 1 day of OCT 01 2024, affiant exhibiting to me the above-stated government issued identification card.

Page 2 of 2

ATLIX POWELL (MA) ABAG
(Person Administering Oath)

NOTARY PUBLIC UNTIL DECEMBER 31, 2024

COMMISSION NO. 2022-00594 ROLL NO. 68570

IBP NO. 38432/01-01-24/PASIG CITY

PTR NO. 33196603/01-02-24/M-KAHAY, BATS.

MCLE COMPLIANCE NO. VII-0002112

423 Rafael Lubis Street, Barangay II-A, Matalinakahoy, Batangas

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
GUNDA, JUDIEL AGUILERA			LGU - MATAASNAKATOY
ADDRESS			
SANTOL, MATAASNAKATOY, BATANGAS			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
27	MALE	SINGLE	AGRICULTURAL TECHNICIAN II

FOR THE LICENSED GOVERNMENT PHYSICIAN

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 FIT / UNFIT for employment.

SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PH	OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE		
KARLA M. CARAAN M.D., MPA			
AGENCY/Affiliation of Licensed Government Physician: 13447			
LICENSE NO. M1D	HEIGHT (M) Bare Foot 167 cm	WEIGHT (KG) Stripped 85	BLOOD TYPE 0+
OFFICIAL DESIGNATION	DATE EXAMINED 9-27-24		

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	
GUNDA, JUDIEL, AGUILERA		CGU - MATAASNAKA HOY	
ADDRESS			
SANTOL, MATAASNAKA HOY, BATANGAS			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
27	MALE	SINGLE	AGRICULTURAL TECHNICIAN II

FOR THE LICENSED GOVERNMENT PHYSICIAN

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 checked="" type="checkbox"/> FIT / <input type="checkbox"/> UNFIT for employment.			
SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PH		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
KARLA, M. CARHAN M.D., MPA			
AGENCY/Affiliation of Licensed Government Physician: 113-147			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (KG) Stripped	BLOOD TYPE
MHD	167 cm	85	O+
OFFICIAL DESIGNATION	DATE EXAMINED		
	9-27-24		



DEPARTMENT OF HEALTH
ST. JOSEPH HEALTHCARE, INC.
2F LIPA COM'L. CTR., A.MABINI ST. COR P.TORRES ST., LIPA CITY, BATANGAS

Phone Number (043) 757 4675

DRUG TEST REPORT

QO981697
45

CCF No: 202409160005
Name: GUNDA, JUDIEL AGUILERA
Birthdate: 09/16/1997 Age: 27

Gender: M

Transaction Date Time: 9/16/2024 9:31:00AM
Report Date Time: 9/16/2024 10:53:11AM

Test Method TEST KIT

Purpose
Government Employment

Requesting Parties
LGU

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

85 MR. ROBERTO MACUHA ESTOLANO

[Signature]
Analyst

Approved By

DR. SPENCER SITJAR WATANABE 68

[Signature]
Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report



St. Joseph HealthCare, Inc.

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-24-4064

Patient: GUNDA, JUDIEL A.

Referring Physician:

Clinical HX/DX:

Examination: CHEST PA

Procedure: RADIOGRAPHY

Date: 09/16/2024

Age: 27

Sex: MALE

Company: GOVT

The lungs are clear

Heart is not enlarged

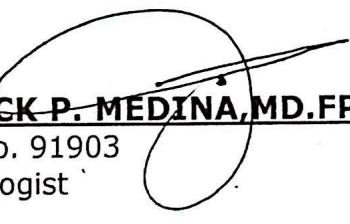
Intact bony thorax

IMPRESSION: NORMAL CHEST X-RAY


RINA S. DE TORRES, RXT

Lic. No. 5285

Radiologic Technologist


JERIC P. MEDINA, MD, FPCR

Lic. No. 91903

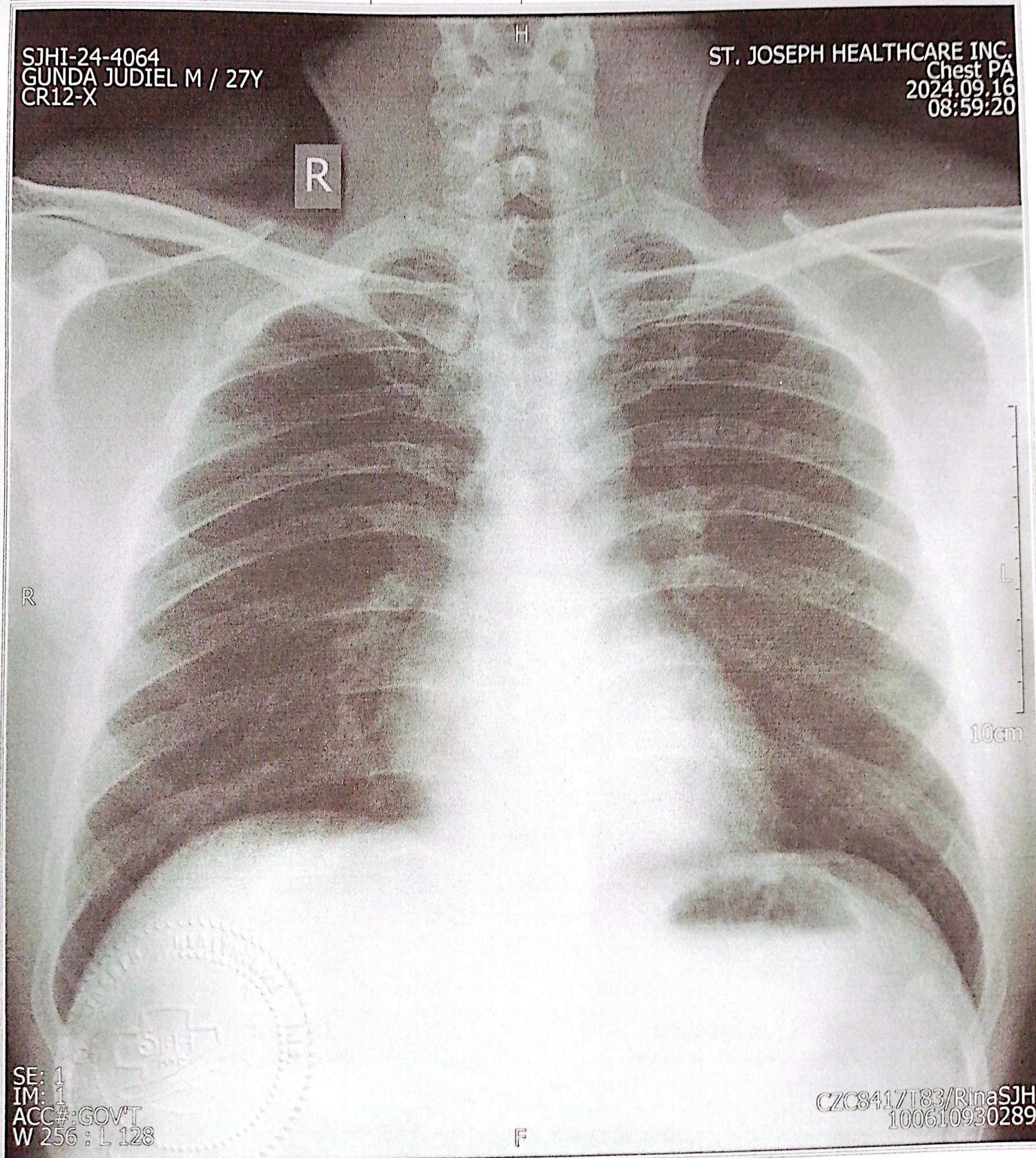
Radiologist



St. Joseph HealthCare, Inc.

2F Lipa Commercial Center, Along A. Mabini St., Corner P. Torres St., Lipa City

Patient ID	SJHI-24-4064	GUNDA JUDIEL M/27 (1997/09/16)	
Exam Date	2024/09/16	Exam Desc	Chest





2ND Floor LIPA CITY COMMERCIAL CENTER, A. MABINI St. Cor. P. Torres St. Lipa City, Batangas
Tel No. : (043) 757-4675 Mobile No. : 09171367258

Name: **GUNDA, JUDIEL A.**
Age : **27** Sex : **MALE**

Patient Pin: **SJHI 99175**
Company: **WALK IN**

Sample Date: **September 16, 2024**

**LABORATORY REPORT
HEMATOLOGY**

DESCRIPTION	RESULT	REFERENCE VALUES
RED BLOOD CELLS	5.49	FEMALE : $4.0-5.4 \times 10^{12}/L$ MALE : $4.6-6.0 \times 10^{12}/L$
HEMOGLOBIN	162	FEMALE : 120-160g/L MALE : 140-180g/L
HEMATOCRIT	0.49	FEMALE : 0.37-0.47 MALE: 0.40-0.54
MCV	89.1	76-100 fL
MCH	29.5	27-32 pg
MCHC	33.1	32-36%
WHITE BLOOD CELLS	7.7	$5.0-10.0 \times 10^9/L$
Segmenters	0.55	0.55-0.68
Lymphocytes	0.40	0.25-0.39
Monocytes	0.05	0.02-0.08
PLATELET COUNT	292	$150-450 \times 10^9/L$
BLOOD TYPING	"O" Rh POSITIVE	
HBsAg SCREENING		

CLINICAL MICROSCOPY

DESCRIPTION	RESULT	NORMAL VALUE	DESCRIPTION	RESULT	NORMAL VALUE
COLOR	LIGHT YELLOW		WHITE BLOOD CELLS	0-1/HPF	
TRANSPARENCY	SLIGHTLY TURBID		RED BLOOD CELLS	0-1/HPF	
PH	6.0	5.0-8.0	A. URATES	FEW	
SPECIFIC GRAVITY	1.005	1.005-1.030	EPITHELIAL CELLS		
SUGAR	NEGATIVE	NEGATIVE	BACTERIA	FEW	
PROTEIN	NEGATIVE	NEGATIVE	MUCUS THREADS		
PREGNANCY TEST					

REMARKS:

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

Roberto M. Estolano, RMT
ROBERTO M. ESTOLANO, RMT.
MEDICAL TECHNOLOGIST LIC# 26082

Spencer S. Watanabe, MD, FPSP, MHA
SPENCER S. WATANABE, MD, FPSP, MHA
PATHOLOGIST LIC# 0112729



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: JUDIEL A. GUNDA

DATE OF EXAM: 16 Sept. 2024

AGE: 27

CIVIL STATUS: Single

HOME ADDRESS: Brgy. Santol, Mataasnakahoy, Batangas

EVALUATION REPORT

FACTORS	FINDINGS
Intelligence (Ability to learn & solve problems)	AVERAGE
Educational Attainment	AGRICULTURAL TECH.
Experience (relevance to position)	JO UTILITY AIDE
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	AVERAGE

SUMMARY

Intelligence Quotient: 92

Classification: AVERAGE

Percentage Score: 36th PERCENTILE

Personality Evaluation: Subject longs for career advancement and he fully dedicates more time with work obligation. Complacency is noted in his responses while he respond to his job well with order and consistency. Subject longs to alleviate present situation and does everything in his ability to make his family satisfied.

REMARKS: Recommended

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



Republic of the Philippines
SOUTHERN LUZON STATE UNIVERSITY **PHOTOCOPY**
 (Formerly Southern Luzon Polytechnic College) **OF THE ORIGINAL**
TIAONG CAMPUS
 Tiaong, Quezon

OFFICE OF THE REGISTRAR *MARISABEL V. CARNGAL*
OFFICIAL TRANSCRIPT OF RECORDS

DATE: **FEB 05 2020**

Name

GUNDA, JUDIEL AGUILERA

Page 2

Course Number	Subjects Descriptive Title	Grades						
		Final	Re-Exam	Credit				
2nd Semester 2017-2018								
ENG2b	Effective Writing	2.00		3				
Farm Mgt 2	Agricultural Marketing	1.75		3				
Fil02	Pagbasa at Pagsulat Tungo sa Pananaliksik	2.00		3				
MAT03c	Practical Statistics	2.25		3				
Tech Ag 2	Crops and Animal Improvement	2.00		3				
Farm Mgt 3	Agricultural Business Finance	1.75		3				
Course Concentration (option 1)		Passed		3				
Summer 2018		Passed		6				
Course Concentration (option 2)		Passed		6				
1st Semester 2018-2019		Passed		18				
Pract 2	Occupational Internship	Passed						
2nd Semester 2018-2019		Passed		6				
Course Concentration (option 3)		Passed		3				
PHTP 6	Quality Evaluation and Standardization	2.50		3				
NSC03	Environmental Science	2.50		3				
ENG04	Writing for Professionals	2.25		3				
"OCCUPATIONAL INTERNSHIP TRAINING AT PHILIPPINE CARABAO CENTER (PCC) AT LOS BAÑOS, LAGUNA"								
NOTE:	"GRADUATED WITH THE DEGREE BACHELOR OF AGRICULTURAL TECHNOLOGY ON MAY 10, 2019 UNDER SLSU BOR REFERENDUM No. 03 Series of 2019 dated MAY 30, 2019"							
TRANSCRIPT CLOSED								
								

Official Grade:
(Revised 1997)

1.00 - (98-100)
2.25 - (83-85)
Inc - Incomplete

1.25 - (95-97)
2.50 - (80-82)
Dip - Dropped

1.50 - (92-94)
2.75 - (77-79)
3.00 - (75-76)
AW - Authorized Withdrawal

Not valid without seal and unless signed below

Prepared by

MARIA ELAINE V. FAJARDO

Verified by:

ENRICO S. SAUD Magr.
Assistant Registrar



Republic of the Philippines
SOUTHERN LUZON STATE UNIVERSITY
 (Formerly Southern Luzon Polytechnic College) **PHOTOCOPY**
TIAONG CAMPUS

Tiaong, Quezon

OFFICE OF THE REGISTRAR
OFFICIAL TRANSCRIPT OF RECORDS

MAISABEL V. CARINGAL
FEB 05 2020

Name	GUNDA, JUDIEL AGUILERA		
Birth (a)	September 16, 1997	(b) Candelaria, Quezon	Elementary Sta. Catalina Norte Elem. Sch.
Address	Brgy. Sta. Catalina Norte, Candelaria, Quezon	AY Grad.	2010-2011
Date of Admission	June 22, 2015	Secondary	Sta. Catalina National High School
Entrance Data	Form - 138	AY Grad.	2014-2015
Source of Data	Sta. Catalina National High School	Tertiary	xxxxxx
Degree Title	Bachelor of Agricultural Technology	AY Grad.	xxxxxx
Major	xxxxxxxx	Minor:	xxxxxx
Date of Graduation	May 10, 2019		
College of	Agriculture		
Remarks:	For Reference Purposes Only		

Course Number	Subjects Descriptive Title	Grades		
		Final	Re-Exam	Credit
1st Semester 2015-2016				
Eng01	Study and Thinking Skills in English	2.00		3
Mat01b	Mathematics for Agriculture	2.00		3
APT 1	Poultry Production and Management	1.50		3
FIL01	Komunikasyon sa Akademikong Pilipino	2.00		3
NSC01A	Agricultural Biology	2.00		3
Ag En 1	Farm Physics	2.00		3
CPT 1	Horticultural Crops Management	1.75		3
PE01	Physical Fitness	1.75		2
NSTP 1	National Service Training Program	2.00		(3)
2nd Semester 2015-2016				
Eng03	Speech and Oral Communication	2.25		3
CPT 2	Field Crops and Cereal Production	2.25		3
APT 2	Swine Production and Management	1.50		3
CPT 3	Soil Management and Conservation	2.00		3
Ag En 2	Agricultural Mechanics	2.00		3
PHTP 1	Post Harvest Technology 1	1.75		3
SSC03	Rizal and Philippines Development	1.75		3
PE02	Rhythmic Activities	1.50		2
NSTP 2	National Service Training Program	1.50		(3)
1st Semester 2016-2017				
Farm Mgt 1	Farm Business Management	2.25		3
APT 3	Ruminant Production and Management	1.75		3
APT 4	Meat Technology	2.00		3
PHTP 2	Food Processing of Animal & Sea Food Products	2.00		3
PHTP 3	Food Processing of Agricultural Product	1.75		3
SSC01	General Psychology	1.75		3
PE03	Individual/Dual Sports/Games	1.75		2
2nd Semester 2016-2017				
Ag En 3	Irrigation and Drainage	2.00		3
Pract 1a	Practicum In Agriculture	Passed		13
PE04	Team Sports/ Games	1.75		2
1st Semester 2017-2018				
Ag En 4	Agricultural Mechanics II	2.25		3
PHTP 4	Post Harvest handling of Perishable Crops	1.75		3
PHTP 5	Post Harvest handling of Durable and Plantation Crops	2.00		3
ICT01A	Introduction to IT/MWS/SS etc	1.75		3
Tech Ag 1	Philippine and Asian Agriculture	1.50		3
CPT 4	Plant Propagation and Nursery Mgt.	1.75		3
SSC02	Socio-Anthropology with Family Planning and HIV/AIDS	2.00		3

continued next page

Official Grade:	1.00 - (98-100)	1.25 - (95-97)	1.50 - (92-94)	1.75 - (89-91)	2.00 - (86-88)
(Revised 1997)	2.25 - (83-85)	2.50 - (80-R2)	2.75 - (77-79)	3.00 - (75-76)	5.00 - (70-72)
	Inc - Incomplete	Drp - Dropped		AW - Authorized Withdrawal	

Not valid without seal and unless signed below

Prepared by:

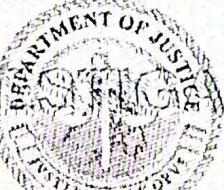
MARIA ELAINE V. FAJARDO

Verified by:

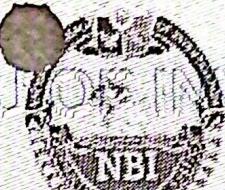
Meril
 ENRICO S. SAUL, Magr.
 Assistant Registrar

NATIONAL BUREAU OF INVESTIGATION NATIONAL BUREAU OF INVESTIGATION

BUREAU OF INVESTIGATION NATIONAL BUREAU OF INVESTIGATION 39836643



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.
G530IJPL79-RA1592541

FAMILY NAME
GUNDA
MIDDLE NAME
AGUILERA

ADDRESS
SANTOL MATAASNAKHOY BATANGAS

DATE OF BIRTH
September 16, 1997

CITIZENSHIP
FILIPINO

PURPOSE
MULTI-PURPOSE CLEARANCE

REMARKS
NO RECORD ON FILE

VALID UNTIL
September 16, 2025

FIRST NAME
JUDIEL

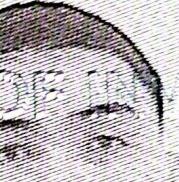
HUSBAND'S SURNAME

PLACE OF BIRTH
CANDELARIA QUEZON

CIVIL STATUS
SINGLE

GENDER
MALE

SIGNATURE



Date Printed: Monday, September 16, 2024 11:59 AM

Agency	RA	DATID	janett
CASID	janet1	BIQID	janett
O.R. No.	1BTZV9W3	RECID	
O.R. Date	09/16/2024 11:49:15 AM	INTID	
DST PAID		PRTID	gonzagatv



G530IJPL79-RA1592541

JUDGE JAIME B. SANTIAGO (RET.)
Director



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

(Copy for OCRG)

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 19a.)

Province Quezon Registry No. 97-1637
City/Municipality Candelaria

			REMARKS/ANNOTATION		
C H I L D M O T H E F A T H E R	1. NAME (First) <u>Judiel</u> (Middle) <u>Aguilera</u> (Last) <u>Gunda</u>				
	2. SEX <input checked="" type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female		3. DATE OF BIRTH (day) <u>16</u> (month) <u>September</u> (year) <u>1997</u>		
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ BIRTH House No., Street, Barangay) <u>Peter Paul Hospital</u>			(City/Municipality) <u>Candelaria</u> (Province) <u>Quezon</u>	
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 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) <u>fourth</u> (first, second, third, etc.)			d. WEIGHT AT BIRTH <u>3765</u> grams	
	6. MAIDEN NAME <u>Paula</u>			(Middle) <u>Lajara</u> (Last) <u>Aguilera</u>	
	7. CITIZENSHIP <u>Filipino</u>			8. RELIGION <u>Roman Catholic</u>	
	9a. Total number of children born alive: <u>4</u>		b. No. of children still living including this birth: <u>4</u>		c. No. of children born alive but are now dead: <u>0</u>
	10. OCCUPATION <u>Housekeeper</u>			11. Age at the time of this birth: <u>33</u> years	
	12. RESIDENCE (House No., Street, Barangay) <u>Bo. Sta. Catalina Norte</u>			(City/Municipality) <u>Candelaria</u> (Province) <u>Quezon</u>	
	13. NAME (First) <u>Maximo</u> (Middle) <u>Gunda</u> (Last) <u>Gunda</u>			14. CITIZENSHIP <u>Filipino</u> 15. RELIGION <u>Roman Catholic</u>	
	16. OCCUPATION <u>Sheller</u>			17. Age at the time of this birth: <u>37</u> years	
	18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back) <u>May 1, 1989 - San Antonio de Padua Parish</u>				
	19a. ATTENDANT <u>Lipa, City</u> <input checked="" type="checkbox"/> 1 Physician <input type="checkbox"/> 2 Nurse <input type="checkbox"/> 3 Midwife <input type="checkbox"/> 4 Mid (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 <u>11:05</u> o'clock AM on the date stated above. Signature <u>Dr. Francisco C. Marquez</u> Address <u>Candelaria, Quezon</u> Name in Print <u>Dr. Francisco C. Marquez</u> Date <u>09-22-97</u> Title or Position <u>Company Physician</u>				
	20. INFORMANT Signature <u>Maximo E. Gunda</u> Address <u>Bo. Sta. Catalina Norte</u> Name in Print <u>Maximo E. Gunda</u> Candelaria, Quezon Relationship to the child <u>Father</u> Date <u>09-22-97</u>				
	21. PREPARED BY Signature <u>Juliet Agasino</u> Address <u>Bo. Sta. Catalina Norte</u> Name in Print <u>Juliet Agasino</u> Candelaria, Quezon Title or Position <u>Hosp. Clerk</u> Date <u>09-22-97</u>			22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature <u>Maria Luisa H. Cedeno</u> Name in Print <u>Maria Luisa H. Cedeno</u> Title or Position <u>MCR</u> Date <u>9-22-97</u>	

07118-55-132RBR-00200-BI001

BEST POSSIBLE IMAGE

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05608-A97SG01-2Documentary
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CLAIRE DENNIS S. MAPA, Ph. D.
National Statistician and Civil Registrar General
Philippine Statistics Authority

2840



SOUTHERN LUZON STATE UNIVERSITY
Tiaong, Campus

CERTIFICATION

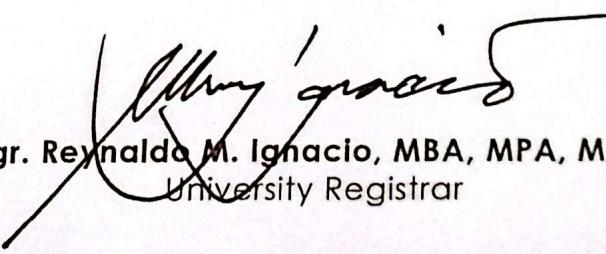
This is to certify that based on the records of this office,

Gunda Judiel Aguilera

*has satisfactorily completed the academic requirements
of the prescribed curriculum for the degree*

Diploma in Agricultural Technology

*Issued this 31st day of May, 2019
at Greener Pasture Brgy. Concepcion 1 Sariaya, Quezon*


Engr. Reynaldo M. Ignacio, MBA, MPA, MMEM
University Registrar

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of October 1, 2024
(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

DECLARANT: GUNDA JUDIEL A
(Family Name) (First Name) (M.I.)
ADDRESS: SANTOL, MATAASNAKAHOY, BATANGAS

POSITION: AGRICULTURAL TECHNICIAN II
AGENCY/OFFICE: LGU MATAASNAKAHOY
OFFICE ADDRESS: BRGY. IV
MATAASNAKAHOY, BATANGAS

SPOUSE: N/A
(Family Name) (First Name) (M.I.)

POSITION: N/A
AGENCY/OFFICE:
OFFICE ADDRESS:

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

NAME	DATE OF BIRTH	AGE
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*

DESCRIPTION (e.g. lot, house and lot, condominium and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE (As found in the Tax Declaration of Real Property)	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
					YEAR	MODE	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Subtotal: _____

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
CELLPHONE – VIVO V21E	2021	17,000.00
MOTORCYCLE – NMAX V2	2022	175,000.00

Subtotal: 192,000.00

TOTAL ASSETS (a+b): 192,000.00

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

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
N/A	N/A	N/A

TOTAL LIABILITIES:**NET WORTH: Total Assets less Total Liabilities = 192,000.00**

* 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: OCTOBER 1, 2024

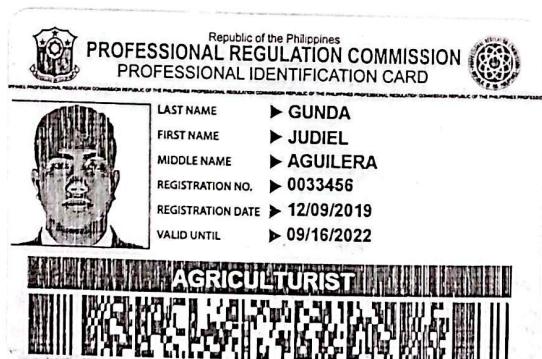
 (Signature of Declarant)

 Government Issued ID: DRIVER'S LICENSE
 ID No.: D09-21-002604
 Date Issued: 03-05-2021
N/A

(Signature of Co-Declarant/Spouse)

 Government Issued ID: _____
 ID No.: _____
 Date Issued: _____

SUBSCRIBED AND SWORN to before me this OCT 01 2024 day of October, affiant exhibiting to me the above-stated government issued identification card.



19-2151665

CERTIFICATION

This is to certify that the person whose name, photograph, and signature appear herein is a duly registered professional, legally authorized to practice his/her profession with all the rights and privileges appurtenant thereto.

This is to certify further that he/she is a professional in good standing and that his/her certificate of registration/professional license has not been suspended, revoked or withdrawn.

Jhunda
Signature of Professional

TEOFILO S. PILANDO, JR.
Chairman



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			
		Agricultural Technician II			
2. ITEM NUMBER		3. SALARY GRADE			
130		8			
4. FOR LOCAL GOVERNMENT POSITION, ENUMERATE GOVERNMENTAL UNIT AND CLASS					
<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	<input type="checkbox"/> 5th Class <input type="checkbox"/> 6th Class <input type="checkbox"/> Special		
5. DEPARTMENT, CORPORATION OR AGENCY/ LOCAL GOVERNMENT		6. BUREAU OR OFFICE			
Local Government Unit of Mataasnakahoy, Batangas		Office of the Municipal Agriculture			
7. DEPARTMENT / BRANCH / DIVISION		8. WORKSTATION / PLACE OF WORK			
Office of the Municipal Agriculture		Office of the Municipal Agriculture			
9. PRESENT APPROP ACT	10. PREVIOUS APPROP ACT	11. SALARY AUTHORIZED	12. OTHER COMPENSATION		
SB Resolution No. 182- S-2024/ Ordinance of Budget No. 25-S-2024	N/A	P 15,401.00	PERA	P 2,000.00	
			Clothing Allow.	7,000.00	
			Cash Gift	5,000.00	
			Year End Bonus	15,401.00	
			Mid-year Bonus	15,401.00	
			PEI	5,000.00	
13. POSITION TITLE OF IMMEDIATE SUPERVISOR		14. POSITION TITLE OF NEXT HIGHER SUPERVISOR			
Municipal Agriculturist		None			
15. POSITION TITLE, AND ITEM OF THOSE DIRECTLY SUPERVISED <i>(if more than seven (7) list only by their item numbers and titles)</i>					
POSITION TITLE		ITEM NUMBER			
N/A		N/A			
16. MACHINE, EQUIPMENT, TOOLS, ETC., USED REGULARLY IN PERFORMANCE OF WORK					
Telephone, Ballpen, Logbook, Computer, Tractors, Seeding Equipment					
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):		
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			
Provides technical assistance and support to ensure the delivery of basic services. Develops strategies related to agriculture programs and activities.			
20. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE POSITION (Job Summary)			
Perform a variety of tasks related to the maintenance and improvement of agricultural operations, often employing scientific methodologies and techniques to improve agricultural yield, quality, and sustainability.			
21. QUALIFICATION STANDARDS			
21a. Education	21b. Experience	21c. Training	21d. Eligibility
Completion of two years studies in college	1 year of relevant experience	4 hour of relevant experience	Career Service (Subprofessional) First Level Eligibility
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:)		
20%	Act as Coconut Production Specialist;		
20%	Act as Livestock Technician;		
20%	Supervise Material Recovery Facility Operation;		
15%	Inspection and Monitoring re: Environmental Concern		
15%	Incharge in Vermicomposting and Composting Facility Operation		
10%	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.			
 JUDY A. GUNDA 10/01/2024 Employee's Name, Date and Signature		 AILEEN L. ANDAL 10/01/2024 Municipal Agriculturist, Date and Signature	

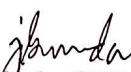


Republic of the Philippines
Province of Batangas
Municipality of Mataasnakahoy

OATH OF OFFICE

I, Judiel A. Gunda of Brgy. Santol, Mataasnakahoy, Batangas having been appointed to the position of Agricultural Technician 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.


JUDIEL A. GUNDA
(Signature over Printed Name of the Appointee)

Government ID: Drivers License
ID Number : 162943369
Date Issued : March 5, 2021

Subscribed and sworn to before me this 1st day of October, 2024 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 Mr. JUDIEL A. GUNDA has assumed the duties and responsibilities as Agricultural Technician II in the Office of the Municipal Agriculture effective October 1, 2024.

This certification is issued in connection with the issuance of the appointment of Mr. Gunda as Agricultural Technician II.

Done this 1st 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