

CS Form No. 33-A
Revised 2018

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

DELMA H. ABADAY
HR Specialist II

Ms. DEBBIE M. LESCANO

You are hereby appointed as Medical Technologist II
(Position Title)under Permanent status at the Office of the Municipal Health with a compensation
(Permanent, Temporary, etc.) (Office/Department/Unit)of Thirty Three Thousand Five Hundred Seventy Five Pesos (P 33,575.00) per month.The nature of this appointment is Promotion vice -O-
(Original, Promotion, etc.)who -O with Plantilla Item No. 71 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:

 DRY SEAL

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

(Handwritten 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.

100% A & TBB

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

DEBBIE M. LESCANO
Appointee

CS Form No. 33-A
Revised 2018



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

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(Position Title)

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

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September 20, 2021
Date of Signing

CSC ACTION:

DRY SEAL

Authorized Official

Date

(Stamp of Date Release)

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Municipal Mayor

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

Acknowledgement

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DEBBIE M. LESCANO
Appointee

PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal case/s against the person concerned.

READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes () and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	LESCANO		
FIRST NAME	DEBBIE		
MIDDLE NAME	MATANGUIHAN		
3. DATE OF BIRTH (mm/dd/yyyy)	12/19/1968	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization If holder of dual citizenship, please indicate the details. <small>Pls. indicate country:</small>
4. PLACE OF BIRTH	Mataasnakahoy, Batangas		
5. SEX	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	17. RESIDENTIAL ADDRESS 090 Rizal Street House/Block/Lot No. Street N/A II-A Subdivision/Village Barangay Mataasnakahoy Batangas City/Municipality Province
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Married	
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	
7. HEIGHT (m)	1.55	ZIP CODE	
8. WEIGHT (kg)	54	18. PERMANENT ADDRESS	090 Rizal Street House/Block/Lot No. Street N/A II-A Subdivision/Village Barangay Mataasnakahoy Batangas City/Municipality Province
9. BLOOD TYPE	B+	ZIP CODE	4223
10. GSIS ID NO.	2005-205-830	19. TELEPHONE NO.	(043) 7566593
11. PAG-IBIG ID NO.	1210-2666-0584	20. MOBILE NO.	09158816400
12. PHILHEALTH NO.	19-052272263-8	21. E-MAIL ADDRESS (if any)	dmlescano1219@gmail.com
13. SSS NO.	33-0881487-2		
14. TIN NO.	177-477-455		
15. AGENCY EMPLOYEE NO.	MHO003		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	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	LESCANO			
FIRST NAME	CELSO	NAME EXTENSION (JR., SR.)	N/A	
MIDDLE NAME	KATIBAK			
25. MOTHER'S MAIDEN NAME				
SURNAME	MATANGUIHAN			
FIRST NAME	LETICIA			
MIDDLE NAME	LUBIS			(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	Mataasnakahoy Central School	Elementary	06/01/1975	03/15/1981	N/A	1981	N/A
SECONDARY	La Purisima Concepcion Academy	High School	06/01/1981	03/15/1985	N/A	1985	First Honor
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Manila Central University	B.S. Medical Technology	06/01/1985	03/15/1989	N/A	1989	Best Intern
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DM Lescano	DATE	01/16/2023
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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)

SIGNATURE

W. Neumann

DATE

01/16/2023

CS Form No. V-VORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

(Continue on separate sheet if necessary)

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

30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc.)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	Orientation on the Universal Health Care Law	07/30/2022	07/30/2022	8.0	Technical	Health Human Resource Development Bureau
	DOH Primary Care Workers' Online Orientation	03/03/2022	03/03/2022	8.0	Technical	Health Human Resource Development Bureau
	HIV Proficiency Refresher Course	12/06/2021	12/10/2021	40.0	Skills	National Reference Laboratory for HIV/AIDS
	Covid-19 Antigen Rapid Diagnostic Test (RDT) for LGUs and Hospitals	04/29/2021	04/29/2021	8.0	Skills	Center for Health Development Calabarzon
	Training on Xpert MTB / Rif Assay	11/24/2020	11/27/2020	32.0	Skills	Center for Health Development Calabarzon
	Orientation on Cholera Rapid Diagnostic Test Kit	11/05/2020	11/05/2020	8.0	Skills	Center for Health Development Calabarzon
	Highlights and Key Changes of National TB Control Program	09/29/2020	09/29/2020	8.0	Technical	Department of Health Calabarzon
	Integrating Innovation & Expertise to the Changing Frontiers of Medical Technologist	05/22/2019	05/25/2019	32.0	Technical	Philippine Association of Medical Technologist
	24th Philippine Association Of Medical Technologist Mid-Year Convention	05/24/2019	05/24/2019	8.0	Technical	Philippine Association of Medical Technologist
	54th Philippine Association Of Medical Technologist Annual Convention	12/03/2018	12/05/2018	24.0	Technical	Philippine Association of Medical Technologist
	Seminar / Workshop on Language Proficiency	09/13/2018	09/14/2018	16.0	Technical	Municipality of Mataasnakahoy
	Seminar on Old & New Perspectives in Healthcare: Challenges of the New Era	08/24/2018	08/24/2018	8.0	Technical	Ang NARS, Inc
	Orientation on Omnibus Rules on Appointment and Other Human Resource Action	07/12/2018	07/12/2018	8.0	Technical	Municipality of Mataasnakahoy/Civil Service Commission
	Proficiency Training on HIV & Other Blood Borne STI's	04/02/2018	04/06/2018	40.0	Skills	National Reference Laboratory for HIV/AIDS
	Orientation of Newly Appointed Health Personnel (OHNAP)	02/07/2018	02/09/2018	24.0	Technical	Provincial Health Office Department of Health
	Basic TB Microscopy for Medical Technologist	10/23/2017	10/27/2017	40.0	Skills	Department of Health Regional Office IV-A
	5S for Good Housekeeping	08/29/2017	08/29/2017	8.0	Skills	Department of Trade & Industry, Batangas
	Nothing Follows					Nothing Follows

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Reading	Letter of Commendation from the President of Health Plan Philippines, Inc.	Philippine Association of Medical Technologist
Nothing Follows	Nothing Follows	Nothing Follows
(Continue on separate sheet if necessary)		
SIGNATURE	DATE	DATE

(Continue on separate sheet if necessary)

SIGNATURE

McLean

DATE

01/16/2023

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,
a. within the third degree?
b. within the fourth degree (for Local Government Unit - Career Employees)?

YES NO

YES NO

If YES, give details:

35. a. Have you ever been found guilty of any administrative offense?

YES NO

If YES, give details:

YES NO

If YES, give details:

Date Filed:

Status of Case/s:

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?

YES NO

If YES, give details:

37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?

YES NO

If YES, give details:

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?

YES NO

If YES, give details:

YES NO

If YES, give details:

39. Have you acquired the status of an immigrant or permanent resident of another country?

YES NO

If YES, give details (country):

40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:

- a. Are you a member of any indigenous group?
b. Are you a person with disability?
c. Are you a solo parent?

YES NO

If YES, please specify:

YES NO

If YES, please specify ID No:

YES NO

If YES, please specify ID No:

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

NAME	ADDRESS	TEL. NO.
Saniata D. Aquitania	Manila	9087466864
Marycel S. Marcelino	Taguig	9175419221
Norma P. Lazaga	Makati	9224776587



PHOTO

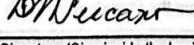
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate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

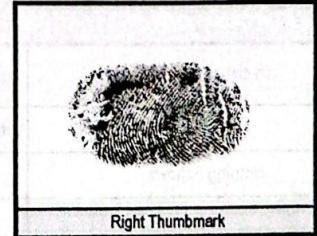
Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC

ID/License/Passport No.: 23756

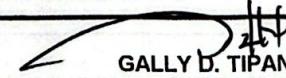
Date/Place of Issuance: 09/04/1990 / Manila


Signature (Sign inside the box)
01/16/2023
Date Accomplished



Right Thumbmark

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


GALLY D. TIPAN
OIC, Municipal Human Resource Management
Officer
Person Administering Oath

PERSONAL DATA SHEET

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READ THE ATTACHED GUIDE TO FILLING OUT THE PERSONAL DATA SHEET (PDS) BEFORE ACCOMPLISHING THE PDS FORM.

Print legibly. Tick appropriate boxes (□) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

1. CS ID No.

(Do not fill up. For CSC use only)

I. PERSONAL INFORMATION

2. SURNAME	LEYESA		
FIRST NAME	MA. TERESA		
MIDDLE NAME	TIBAYAN		
3. DATE OF BIRTH (mm/dd/yyyy)	07/12/1995	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization
4. PLACE OF BIRTH	BRGY. LOOB MATAASNAKAHOY, BATS.	If holder of dual citizenship, please indicate the details.	Pls. indicate country:
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	107 House/Block/Lot No. N/A Subdivision/Village MATAASNAKAHOY City/Municipality
7. HEIGHT (m)	1.55 m.	ZIP CODE	N/A Street LOOB Barangay BATANGAS Province
8. WEIGHT (kg)	47 kg	4223	
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	107 House/Block/Lot No. N/A Subdivision/Village MATAASNAKAHOY City/Municipality
10. GSIS ID NO.	2003285966	ZIP CODE	N/A Street LOOB Barangay BATANGAS Province
11. PAG-IBIG ID NO.	1211-6997-0222	19. TELEPHONE NO.	N/A
12. PHILHEALTH NO.	09-2506840920	20. MOBILE NO.	0945-266-4979 / 0961-438-5473
13. SSS NO.	0437467371	21. E-MAIL ADDRESS (if any)	teresaleyes15@gmail.com
14. TIN NO.	3282-44437-0000		
15. AGENCY EMPLOYEE NO.	OMM045		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR) N/A	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	LEYESA			
FIRST NAME	MARIO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	LUCERO			
25. MOTHER'S MAIDEN NAME	TERESITA BAUTISTA TIBAYAN			
SURNAME	TIBAYAN			
FIRST NAME	TERESITA			
MIDDLE NAME	BAUTISTA			(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	LOOB ELEMENTARY SCHOOL	PRIMARY EDUCATION	2002	2008	N/A	2008	SALUTATORIAN
SECONDARY	LA PURISIMA CONCEPCION ACADEMY	HIGH SCHOOL	2008	2012	N/A	2012	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	BATANGAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN PSYCHOLOGY	2012	2016	N/A	2016	WITH AWARDS OF ACADEMIC EXCELLENCE
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

02-15-2023

IV. CIVIL SERVICE ELIGIBILITY

27. CAREER SERVICE / RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
CIVIL SERVICE (PROFESSIONAL LEVEL)	80.64	18/03/2018	BATANGAS NATIONAL HIGH SCHOOL - BATS. CITY	N/A	N/A

- NOTHING FOLLOWS -

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

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

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00'-0")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/ N)
From	To						
12/01/22	PRESENT	ADMINISTRATIVE AIDE IV (CLERK II)	OFFICE OF THE MAYOR / LGU MATAASNAKAHOY	P 11,245.00	SG 4	PERMANENT	Y
03/25/21	11/30/21	CLERICAL AIDE	OFFICE OF THE MAYOR / LGU MATAASNAKAHOY	P 6,000.00	N/A	JOB ORDER	N
06/24/19	03/18/21	COST ACCOUNTING IN-CHARGE	HR/ADMIN - LHK CREATION, INC.	P 13,000.00	N/A	PERMANENT	N
01/25/17	06/23/19	ACCOUNTING ASSISTANT / PAYROLL OFFICER	HR / ACCOUNTING - LHK CREATION, INC.	P 10,000.00 (370/day)	N/A	CONTRACTUAL	N
05/23/16	12/29/16	FINANCE STAFF	FINANCE DEPARTMENT - JAMC MARKETING INCORPORATED	P 10,000.00	N/A	CONTRACTUAL	N

- NOTHING FOLLOWS -

(Continue on separate sheet if necessary)

SIGNATURE**DATE****02-15-2023**

VI. 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)
COMPUTER LITERATE	APRIL 2018 EMPLOYEE OF THE MONTH AWARDEE (LHK CREATION INC.)	2012 BANYUHAY CLUB SECRETARY
Critical Thinking and Problem Solving	PERFECT ATTENDANCE AWARDEE FOR MARCH 2018 - FEB 2019 (LHK CREATION INC.)	CIRCLE OF PSYCHOLOGY STUDENT BATCH 2016
FLEXIBILITY / ADAPTABILITY	- NOTHING FOLLOWS -	- NOTHING FOLLOWS -
PROFESSIONALISM AND WORK ETHIC		
- NOTHING FOLLOWS -		
	<i>[Signature]</i>	
	<i>[Signature]</i>	

(Continue on separate sheet if necessary)

SIGNATURE

(Continue on separate page)

DATE

03-15-2023

<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: RESIGNATION
<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.
MAYOR JANET MAGPANTAY ILAGAN	MATAASNAKHOY, BATANGAS	+63 9176581717
VICE MAYOR JAY MANALO ILAGAN	MATAASNAKHOY, BATANGAS	+63 9175177337
MS. ARLENE P. ORENSE	TAMBO, LIPA CITY	+63 9175043709

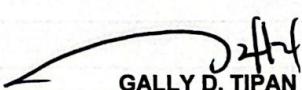
42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate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

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID: DRIVER'S LICENSE	
ID/License/Passport No.: D18-22-301502	
Date/Place of Issuance: 07/20/2022 / TAGAYTAY	

 Signature (Sign inside the box)	
01-15-2023	
Date Accomplished	



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

 GALLY D. TIPAN	
Municipal Human Resource Management Officer - OIC	

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: May 03, 2017 - PRESENT
- Position: Medical Technologist
- Name of Office/Unit: Municipal Health Office
- Immediate Supervisor: Dr. Karla M. Caraan
- Name of Agency/Organization and Location: LGU of Mataasnakahoy, Mataasnakahoy Batangas
- List of Accomplishments and Contributions (if any)
 - With the joint effort of the TB Core Team, we were awarded the "Highest TSR (Treatment Success Rate) among municipalities with 50,000 and below population.
 - Passing the HIV Proficiency Training and Licensure Examination.
 - By passing the rigorous training and exams, TBDOTS department was awarded Gene Xpert Machine which will help facilitate the active case findings among suspected TB patients.
 - As one of the member of the Covid Response Team, being the Swabber, we are one with the local government officials in their fights against covid-19 pandemic.
 - RHU which I am part of is in the forefront of LGU's response during TAAL Volcano eruption and were on the ground attending to evacuees and displaced residents.
- Summary of Actual Duties:
 - Performs and/or supervise the performance of analytical testing of blood, sputum and other body fluids to identify the presence of abnormal cells, bacteria, viruses and parasites.
 - Ensures operation of analyzers and other laboratory equipment by calibrating and completing preventive maintenance requirement.
 - Maintains laboratory supplies inventory by checking stocks to determine inventory level, anticipating needed supplies and placing orders for supplies.
 - Maintains professional and technical knowledge by attending educational workshops/seminars and trainings.
 - Conducts Nasopharyngeal and Oropharyngeal swab to close contact of Positive Covid-19 patients.
 - Ensure the readiness and availability of PPEs for those who are going to attend to Covid-19 Positive Patient.
 - Transport of Covid-19 Positive patients to hospital or isolation facilities.
 - Bringing of samples collected to Molecular Laboratory for RT PCR testing.
 - Protects patients and colleagues by adhering to infection-control and hazardous waste policies and protocols.

- Duration: July 15, 2008 – December 31, 2016
 - Position: Senior Medical Technologist
 - Name of Office/Unit: Alviar Biomedical Laboratory
 - Immediate Supervisor: Dr. Doreen P. Labayandoy
 - Name of Agency/Organization and Location: Alviar Medical Laboratories/ San Marcelino St., Manila
 - List of Accomplishments and Contributions (if any)
 - Summary of Actual Duties
 - Conducts laboratory tests, procedures, experiments and analyses to provide data for diagnosis, treatment and prevention of disease. Ensures operation of analyzers, spectrophotometers and other laboratory equipment by calibrating and completing preventive maintenance requirements.
 - Participate to National External Quality Assessment Scheme to ensure the reliability of methods, materials and equipment and maintain quality assurance of the laboratory.
 - Maintains laboratory supplies inventory by checking stocks to determine inventory level, anticipating needed supplies and placing orders for supplies
-
- Duration: September 01, 2002 – June 30, 2005
 - Position: Medical Technologist
 - Name of Office/Unit: Rx Medical Laboratory
 - Immediate Supervisor: Dr. Dorcas Umpig
 - Name of Agency/Organization and Location: Rx Medical Laboratory/ Ermita, Manila
 - List of Accomplishments and Contributions (if any)
 - Developed training program of employees for ISO preparedness.
 - Summary of Actual Duties
 - Conducts laboratory tests, procedures, experiments and analyses to provide data for diagnosis, treatment and prevention of disease. Ensures operation of analyzers, spectrophotometers and other laboratory equipment by calibrating and completing preventive maintenance requirements.
 - Maintains laboratory supplies inventory by checking stocks to determine inventory level, anticipating needed supplies and placing orders for supplies
-
- Duration: September 01, 1990 – April 30, 1999
 - Position: Medical Technologist
 - Name of Office/Unit: Modern Medical Clinic
 - Immediate Supervisor: Dr. Rowen Yolo
 - Name of Agency/Organization and Location: Modern Medical Clinic/ Manila
 - List of Accomplishments and Contributions (if any)

- Summary of Actual Duties
 - Conducts laboratory tests, procedures, experiments and analyses to provide data for diagnosis, treatment and prevention of disease. Ensures operation of analyzers, spectrophotometers and other laboratory equipment by calibrating and completing preventive maintenance requirements.
 - Maintains laboratory supplies inventory by checking stocks to determine inventory level, anticipating needed supplies and placing orders for supplies

D. M. Lescano
DEBBIE M. LESCANO

(Signature over Printed Name
of Employee/Applicant)

Date: September 17, 2021

APPOINTMENT PROCESSING CHECKLIST

Name	DEBBIE M. LESCANO				
Position Title	Medical Technologist				
Monthly Compensation	P 33,575.00	SG/Step:	15		
Agency	LGU-MATAASNAKAHOY, BATANGAS				
	Daily Compensation (Casual)				
	Sector :	LGU	GOCC		
	NGA	SUC			
AREA	CRITERIA (Q.S. of the Position)	YES	NO	REMARKS (Provide specific details)	
Qualification Standards <i>Does the appointee meet the minimum qualification requirements of the position at the time of issuance of appointment?</i>	1 Bachelor's Degree in Medical Technology or Bachelor of Science in Public Health 2 Experience: 1 year of relevant experience 3 Training: 4 Hours of relevant training 4 Eligibility: RA 1080 5 Other Requirements (e.g. Age/Residency for LGU Dept. Heads; Term of Office for SUC President) Senior HS - Track/Strand Subjects (for DepEd appointments)				
	6 Original Copy/ies of Appointment (3 copies) <ul style="list-style-type: none"> i. CS Form No. 33-A Revised 2018 Appointment Form (Regulated) ii. CS Form No. 33-B Revised 2018 Appointment Form (Accredited) iii. CS Form No. 34-A Plantilla of Casual Appointment (Regulated) iv. CS Form No. 34-B Plantilla of Casual Appointment (Accredited) v. CS Form No. 34-C Plantilla of Casual Appointment (LGU - Regulated) vi. CS Form No. 34-D Plantilla of Casual Appointment (LGU - Accredited) vii. CS Form No. 34-E Plantilla of Casual Appointment (NGA-GOCC-SUC) viii. CS Form No. 34-F Plantilla of Casual Appointment (LGU) 				
Common Requirements for Regular Appointments <i>Are the following requirements provided?</i>	7 Employment Status <ul style="list-style-type: none"> i. Provisional Appointment notation for DepEd ii. Is the appointee subject for Probation? <i>A notation that the appointee is under probation for a specified period shall be indicated on the face of the appointment issued</i> 				
	8 Nature of Appointment 9 Signature of Appointing Authority 10 Date of Signing Certification of Publication/Posting of VACANT Position 11 (<i>should be duly signed by the authorized HRMO</i>)				
	Certification by Chairperson of the HRMPSB or the Placement Committee 12 (<i>at the back of appointment</i>) Acknowledgement 13 Original/Photocopy of appointment received by the appointee? <i>Date of receipt indicated?</i>				
	14 Properly filled-out Personal Data Sheet (CS Form 212, Revised 2017) <i>except for reappointment (renewal) to temporary, contractual, substitute and provisional appointments</i>				
	Submission and Effectivity of Appointment	15 Is the agency accredited? <ul style="list-style-type: none"> 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? 			
		16 Erasures or alterations on the appointments <i>* Certification of Erasures/Alteration on appointment Form (CS Form No. 3, s. 2017) signed by the Appointing Officer /Authority or Any Authorized Official</i>			
		17 With decided administrative/criminal case <i>* Certified true copy of decision issued by the office/court/tribunal</i>			
	Additional Requirements in Specific Cases <i>Are the following cases applicable?</i>	18 Discrepancy in name, date/place of birth <i>* Resolution/Order issued by the Commission / CSC Regional Office (CSCRO) concerned correcting the discrepancy</i>			
		19 Change of Civil Status on account of: <ul style="list-style-type: none"> 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 			
		20 Appointments issued by the SUCs under National Budget Circular (NBC) No. 461 <i>* Copy of DBM-approved NOSCA on the reclassification of position based on NBC NO. 461 and SUC Board Resolution approving the same</i>			
		21 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 <i>* Certification issued by CHED that there is dearth of holders of Master's degree in specific fields</i>			

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"> i. Certification issued by the appointing officer/authority that appointment is issued in accordance with the limitations provided for under Section 325, RA No. 7160; and ii. Certification issued by the Provincial/City/Municipal Accountant that funds are available 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"> * Concurred / Acted by Sanggunian - Sanggunian Resolution embodying the concurrence of the majority of all the members of the Sanggunian * Not Concurred / Acted by Sanggunian - Certification Issued by the Sanggunian Secretary or HRMO confirming the non-action by the Sanggunian iv. Creation and reclassification of positions and appropriation of funds <ul style="list-style-type: none"> * Sangguniang Panlalawigan/Panlungsod/Bayan Ordinance 			
	25	Appointment involving Demotion <ul style="list-style-type: none"> i. Non-Disciplinary in Nature <ul style="list-style-type: none"> * Certification issued by the agency head that the demotion is not the result of an administrative case; and * Written consent by the employee that he/she interposes no objection to his/her demotion 			
	26	Temporary and Provisional Appointment <ul style="list-style-type: none"> * 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) 			
	27	Reclassification <ul style="list-style-type: none"> * NOSCA approved by the DBM/Memo Order issued by Governance Commission for GOCCs (GCG) 			
	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)			
Documents Submitted	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"> i. Appointment Transmittal and Action Form (ATAF) (CS Form No. 1 rev. 2018) or ii. Reports on Appointment Issued (RAI) (CS Form No. 2 rev. 2018) 			
	35	Others:			

CSC FO Recommendation:

APPROVAL/VALIDATION

DISAPPROVAL/INVALIDATION

OTHERS, specify: _____

Remarks (Indicate the reasons for disapproval/validation)

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



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 DEBBIE M. LESCANO as Medical Technologist 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- 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 Medical Technologist II in the Office of the Municipal Health of this municipality, with Salary Grade 15 amounting to Four Hundred Two Thousand Nine Hundred Pesos (P402,900.00) 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



20-3742143
06595641

Professional Regulation Commission
www.prc.gov.ph

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.

Debbie Lescano
Signature of Professional

Teofilo S. Pilando, Jr.
Chairman

Republic of the Philippines
Professional Regulation Commission
CERTIFIED TRUE COPY:

Ramoncito B. De Quzman
Professional Regulations Officer II
P.R.C. O.R. No. 18612970048
Date: 8/27/21

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			
		Medical Technologist II			
2. ITEM NUMBER	3. SALARY GRADE				
71	15				
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 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 Health			
7. DEPARTMENT / BRANCH / DIVISION		8. WORKSTATION / PLACE OF WORK			
Office of the Municipal Health		Office of the Municipal Health			
9. PRESENT APPROP ACT	10. PREVIOUS APPROP ACT	11. SALARY AUTHORIZED	12. OTHER COMPENSATION		
SB Resolution No. 109-S-2021/ Ordinance of Budget No. 05-S-2021	N/A	P 33,575.00	PERA P 2,000.00 Clothing Allow. 6,000.00 Subsistence/ Laundry/Quarter Allow. 1,025.00 Hazard Pay 8,393.75 Cash Gift 5,000.00 Year End Bonus 33,575.00 Mid-year Bonus 33,575.00 PEI 5,000.00		
13. POSITION TITLE OF IMMEDIATE SUPERVISOR		14. POSITION TITLE OF NEXT HIGHER SUPERVISOR			
Municipal Health Officer		N/A			
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					
Hematology analyzer, microscope, centrifuge, etc.					
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					
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.					

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

Analyze various biological samples to aid the physician in the diagnosis and treatment of different diseases.

21. QUALIFICATION STANDARDS

21a. Education	21b. Experience	21c. Training	21d. Eligibility
Bachelor's Degree in Medical Technology or Bachelor of Science in Public Health	1 year of relevant experience	Four (4) hours of relevant training	RA 1080

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.)	Competency Level
15%	Examine urine, feces, and blood microscopically to determine the presence or absence of pathologically constituents of the specimen.	AM
15%	Perform direct sputum smear microscopically (PDSM).	AM
15%	Perform routine laboratory examination of different specimen other than the laboratory medical work of physical/chemical analysis, to aid the physician in the diagnosis of the disease.	AM
15%	Perform microscopic or chemical examination of blood or other body fluids/substances serologically to determine the abnormal condition of specimen samples taken from the patient of blood donor.	AM
10%	Assist in the research work performing technical examination duties, among specific to coordinate with physicians diagnosis treatment of patients disease.	AM
10%	Confirm and verifies test results and reports findings to clinicians.	AM
10%	Maintain equipment in operational condition and maintaining a clean and orderly work area.	AM
5%	Maintain quality assurance of the laboratory by performing proficiency testing.	AM
5%	Perform such other functions that may be assigned from time to time.	AM

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.

Debbie M. Lescano
DEBBIE M. LESCANO 9/20/21

Employee's Name, Date and Signature

Karl A.M. Caraan, M.D.
KARL A.M. CARAAN, M.D. 9/20/21

Municipal Health Officer, Date and Signature



Republic of the Philippines
Province of Batangas
Municipality of Mataasnakahoy

OATH OF OFFICE

I, DEBBIE M. LESCANO of Brgy. II-A, Mataasnakahoy, Batangas having been appointed to the position of Medical Technologist 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.

D. Lescano
DEBBIE M. LESCANO

(Signature over Printed Name of the Appointee)

Government ID: PRC
ID Number : 0023756
Date Issued : 12/19/2020

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

JANET MAGPANTAY- ILAGAN
JANET MAGPANTAY- ILAGAN
Municipal Mayor



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. No. (043) 784-1088
e-mail: hrmo_lgumataasnakahoy@yahoo.com.ph

OFFICE OF THE MUNICIPAL HUMAN RESOURCE MANAGEMENT

CERTIFICATION

This is to certify that Ms. Debbie M. Lescano , Medical Technologist 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 4.2514.

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



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



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. DEBBIE M. LESCANO has assumed the duties and responsibilities as Medical Technologist 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. Lescano as Medical Technologist II.

Done this 20th day of September 2021 in Mataasnakahoy, Batangas.

A handwritten signature in black ink, appearing to read "JANET MAGPANTAY-ILAGAN". Below the signature, the text "Municipal Mayor" is printed.
Date: September 20, 2021

Attested by:

A handwritten signature in black ink, appearing to read "EVELYN R. OLARTE".
EVELYN R. OLARTE
Mun. Human Res. Mgt. Officer



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY
Tel. No. (043) 784-1088
e-mail: hrmo_lgumataasnakahoy@yahoo.com.ph

OFFICE OF THE MUNICIPAL HUMAN RESOURCE MANAGEMENT

JUSTIFICATION

THIS IS TO JUSTIFY the promotion of Ms. DEBBIE M. LESCANO, Medical Technologist, Salary Grade 11, to Medical Technologist II, Salary Grade 15.

"Section 97 of 2017 Omnibus Rules on Appointment and Other Human Resource Actions (ORAOHRA), Revised July 2018, states that an employee maybe promoted to a position which is not more than three (3) salary grade, pay or job grades higher than the employees present position... except when the promotional appointment falls within the purview of the following exemptions wherein Ms. Lescano had met:

- That Ms. Lescano is the qualified next-in-rank to the vacant position as identified by the Merit Selection Plan;
- That Ms. Lescano is the loan qualified applicant to the position considering the vacant position was posted on August 23, 2021 to September 7, 2021 at CSC Job Portal and in three (3) conspicuous places in the municipality (Public Market, HRM Bulletin and office lobby of the leftwing building) to widespread the publication and to attract best qualified applicants.
- That the promotion of Ms. Lescano passed through a deep selection process by the Human Resource Merit Promotion and Selection Board (HRMPSB) taking into consideration her superior qualification in regards to:
 - Educational achievement
 - Highly specialized trainings
 - Work experience
 - Consistent high performance rating"

On this premise, I may conclude that meritorious cases are present for exemption to the Quantum Leap Law.

This justification was done to support the appointment of Ms. Debbie M. Lescano to the position Medical Technologist II, Salary Grade 15.

Issued this 20th day of September, 2021.



EVELYN R. OLARTE

Municipal Human Resource Management Officer

Noted by:



JANET MAGPANTAY ILAGAN
Municipal Mayor



Republic of the Philippines
Office of the President
COMMISSION ON HIGHER EDUCATION
NATIONAL CAPITAL REGION

Revised CAV Form as of November 10, 2004

March 14, 2006

CAV (CHED) : 06-03-13201

Series of 2006



CERTIFICATION

To Whom It May Concern: CERTIFICATE OF GRADUATION

Name of Student : DEBBIE M. LESCANO

Degree/Program : BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY

Date of Graduation : November 1989

Special Order : 4-09:0855 Series of 1990

Date Issued : May 11, 1990

Name of Institution : MANILA CENTRAL UNIVERSITY

Address : Caloocan City

This is to certify that the above institution is a duly recognized private higher education institution and that the entries that appear in the Transcript of Record and Diploma are authentic copies and the signatures appearing are those of the President and other authorities of the said institution.

This certification must not be honored if the copies of the student's Transcript of Record and Diploma presented are not duly authenticated/certified by the School Registrar.

Issued upon the request of Mr./Ms. Lescano for whatever legal purpose it may serve.

For the Director:

OFELIA D. MABITAZAN
Education Supervisor II

Not valid without seal
with erasure/alteration

O.R. No.: 9733170
Date Issued: 3-13 -06

Edith
Computer No.:12



MANILA CENTRAL UNIVERSITY

Zurbaran cor. Oroquieta, Felix Huertas cor. Mayhaligue, Manila
Epifanio delos Santos Ave., (Highway 54), Balintawak, Caloocan City

CERTIFICATE OF GRADUATION

TO WHOM IT MAY CONCERN:

This is to certify that M^s. DEBBIE M. LESCANO has completed the four year course in Medical Technology offered by the University BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY (B.S.M.T.) leading to the degree/title of such as required by the Ministry of Education, Culture and Sports with the Authority of NATIONAL CAPITAL REGION, Q.C. as evidenced by S. O. No. 4-09:0855 s. 1990 dated May 11, 1990 BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY (B.S.M.T.) The degree/title of has been conferred on him/her on November 9, 1989

Amelia S. De Juan
MS. AMELIA S. DE JUAN
Dean

Manila, May 29, 1990

(Not valid without seal)

M. B. Musangi
MS. MARIA B. MUSANGI
University Registrar

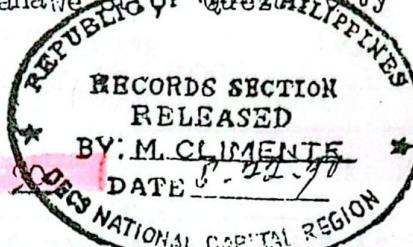
No. 5220

CERTIFIED TRUE COPY

[Signature]
DESIGNATION: UNIVERSITY REGISTRAR
DATE: MAR 09 2006

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF EDUCATION, CULTURE AND SPORTS
NATIONAL CAPITAL REGION
Banawa, Republic of the Philippines

SPECIAL ORDER (B) (NCR)
No. 4-09:0855



May 11, 1990

On the basis of records submitted by the
MANILA CENTRAL UNIVERSITY, Manila
eligibility for graduation of the following as of November 1989
upon satisfactory completion of the Four-Year Course in Medical Technology leading
to the degree of BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY (B.S.M.T.)
is hereby given and made a matter of record:

1. ALMAREZ, Christine V.
2. AICN, Ederlinda V.
3. CABRERA, Josephine A.
4. DICLAZO, Maria Teresa G.
5. ESCASINAS, Laarmi C.
6. LESCANO, Debbie M.
7. MALIWAT, Teresa C.
8. QUINIGUING, Elena N.
9. SALAZAR, Angelica V.
10. SORIANO, Ma. Isabel S.

-10-

(Valid for ten (10) students only)

DESIGNATION: UNIVERSITY REGISTRAR

DATE: MAR 09 2006

The approval of any one candidate for graduation is automatically cancelled if he/she does not complete the requirements of the course on the date specified and is subject to revocation if the records upon which the approval is based are later found not correct.

This approval is valid for NOVEMBER 1989 only.

(NOT VALID WITHOUT SEAL OR
WITH ERASURE OR ALTERATION)

Course status verified by: M. Almarez

Enrolment verified by: M. Almarez

Evaluated by: M. Almarez

Reviewed by: M. Almarez

/man 2-15-90

FELIX C. PAGALANAN
Director III

MCU R Form 10
Received, Sept. 1, 1976
Page 1 of 1 Pages
Copy

MANILA CENTRAL UNIVERSITY

OFFICE OF THE REGISTRAR

No. 47691

OFFICIAL TRANSCRIPT OF RECORDS

Name DEBBIE M. LESCOALO
Address 705 Galicia St., Sampaloc, Manila
Remarks Graduated with Special Order
(B)(NCR) # 4-09-0855 s. 1990 dated May 11, 1990.

Date of Entrance 2nd Semester, 1987 - 1988
Date of Graduation November 9, 1989
Degree BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY (B.S.M.T.)

ENTRANCE DATA PRELIMINARY EDUCATION		Term and Course Number	DESCRIPTION OF SUBJECTS	Grade	Re-Exam	Credits
La Purisima Concepcion Academy		NOTE: Please see attached xerox copy of transcript of records from FAR EASTERN UNIVERSITY, duly certified.				
High School		MANILA CENTRAL UNIVERSITY-COLLEGE OF PHARMACY & MEDICAL TECHNOLOGY				
Far Eastern University		2nd Semester, 1987 - 1988				
School Last Attended		Med Tech Laws & Ethics Anatomy (Gross) Histology (Human) Microbiology Pure Blood Chemistry Physiology w/Family Planning Parasitology Social Arts 1		2.50 2.25 2.75 2.25 2.50 2.75 1.75 1.75		2 2 3 4 3 4 3 1
Transcript		Sum m e r, 1988		Principles of Sociology Social Arts 2 Social Arts 4	2.00 2.50 1.50	3 1 1
Admission Credential		1st Semester, 1988 - 1989		Endocrinology & Toxicology General Pathology Biostatistics Hematology Serology & Blood Banking Clinical Microscopy Library Science Social Arts 3	2.25 2.75 3.00 2.50 2.50 3.00 1.50 2.25	3 3 3 4 4 3 1 1
Transferee		Certificate for Admission into Internship in Medical Technology CIT (NCR) # 1979 series 1988 issued on December 19, 1988. 12 = MONTHS INTERNSHIP = November 1988 - November 1989		Nov. 1988 - May 1989 = MCU Hospital May 1989 = Nov. 1989 = Children's Medical Center		
Admission Status		Medical Micro & Parasitology Clinical Microscopy Hematology Serology & Blood Bank Special Tests, HIR, EKG, etc.		2.25 2.25 2.25 2.25 2.25		Passed Passed Passed Passed Passed
GRADING SYSTEM		= continued next page =				
GRADES	EQUIVALENT IN %					
1.00 --	98 — 100					
1.25 --	95 — 97					
1.50 --	92 — 94					
1.75 --	89 — 91					
2.00 --	86 — 88					
2.25 --	83 — 85					
2.50 --	80 — 82					
2.75 --	77 — 79					
3.00 --	74 — 76					
5.00 --	Failure					
INC. --	Incomplete					
DRP. --	Dropped w/o permission					
W. --	Officially Dropped					
MARINO A. NACARIO Typed By: 5-29-1990 Checked By: <i>[Signature]</i>		VERIFIED <i>[Signature]</i> HILARIO C. LARGADO Unit Registrar				

This copy is an exact reproduction of the original transcript on file with the office of the university registrar and should itself be considered as an original copy when signed by the university registrar and impressed with the university seal. Any erasure or alteration on this transcript renders the whole document invalid unless authenticated by the signature of the foregoing official.

CREDITS: One unit of credit is one hour lecture or recitation or three hours of laboratory work each week for the period of complete semester.

THIS TRANSCRIPT IS VALID ONLY FOR:

Date Issued JUN 4 1990

CERTIFIED TRUE COPY
DESIGNATION: UNIVERSITY REGISTRAR
DATE: MAR 09 2006

Braulio E. Musig
MS. BRAULIO E. MUSIG
University Registrar

MANILA CENTRAL UNIVERSITY
OFFICE OF THE REGISTRAR
OFFICIAL TRANSCRIPT OF RECORDS

Nº 47692

DEBBIE M. LESCANO

Name _____
Address _____
Remarks _____

2nd Semester, 1987 - 1988

Date of Graduation _____

Degree

This copy is an exact reproduction of the original transcript on file with the office of the university registrar and should itself be considered as an original copy when signed by the university registrar and impressed with the university seal. Any erasure or alteration on this transcript renders the whole document invalid unless authenticated by the signature of the foregoing official.

CREDITS: One unit of credit is one hour lecture or recitation or three hours of laboratory work each week for the period of complete semester.

THIS TRANSCRIPT IS VALID ONLY FOR:

Date Issued JUN 3 1990

CERTIFIED TRUE COPY

Braulia E. Musangi
Ms. BRAULIA E. MUSANGI
University Registrar

GRADING SYSTEM	
100	100% Excellent
95	94% Good
90	91% Very Good
85	84% Good
80	79% Satisfactory
75	74% Passed
70	69-68% Failed
65	Below 65% - Withdrawal
AW	Authorized withdrawal
UW	Unauthorized withdrawal
NCA	No credit due to abnormals
DRF	Dropped from rolls for academic deficiency or disciplinary measure

CREDITS

One unit of credit is one hour lecture or recitation or three hours of laboratory, drafting or shopwork, each week for the period of a complete semester.

FOR EASTERN UNIVERSITY

AUG 23 1990

Page _____ of _____ pages



MANILA

PHILIPPINES

OFFICE OF THE REGISTRAR

OFFICIAL TRANSCRIPT OF RECORDS

Name..... DEBBIE LESCANO Y MATANGUIHAN
Address..... 705 Galicia St. Sampaloc Manila

TRANSCRIPT

No 121941 NS

This copy is an exact reproduction of the original transcript on file with the Office of the Registrar of this University, and should itself be considered as an original copy when signed by the Registrar (or his Assistant) and impressed with the University Seal. Any erasure or alteration on this transcript renders the whole document invalid unless authenticated by the signature of any of the foregoing officials.

ENTRANCE DATA

High School..... La Purisima Concepcion Acad., School last attended.....
Location... Mataas na Kainoy Batangas..... Admission credential..... E-137.....
Date of graduation . 1985..... NCEE: year taken .. 1984.... % . 94..... Admission status . HS.Grad..

TERM	SUBJECTS			GRADES		CREDITS
				FINAL	RE-EXAM/ COMPL'N	
1st Sem 1985-86	Span	1	Elem. Spanish	1.5	-	3
	Chem	1	Gen. Chemistry	2.25	-	5
	Engl	1	Basic Comm. 1	2.5	-	3
	Zool	1	Gen. Zoology	2.5	-	5
	Math	1	Col. Algebra	1.5	-	3
	Pil	1	Pakikipagtalastasan	2	-	3
	PE		Physical Educ.	1.5	-	1
	Engl	2	Basic Comm. 2	1.75	-	3
	Chem	13	Qualitative Chemistry	2.5	-	5
	Span	2	Interm. Spanish	2.25	-	3
2nd Sem 1985-86	Math	2	Plane Trigonometry	2.5	-	3
	TAR		Tax'n. & Agr. Ref.	2.5	-	3
	PSC	2	Phil. Gov't. & New Const.	2.5	-	3
	PE		Physical Educ.	NG	-	-
	Chem	23	Organic Chemistry	2.5	-	5
	Psyc	1	Gen. Psychology	2.25	-	3
	Span	3	Adv. Spanish	1.75	-	3
	Phys	3	Integ. Col. Phys.	3	-	5
	Hist	1	Surv. of Phil. Hist.	2.5	-	3
	Engl	11	Surv. of Engl. Lit.	2.25	-	3
1st Sem 1986-87	FE		Physical Educ.	1.5	-	1
	Chem	14	Quantitative Chem	3	-	5
	Botn	1	Elem. Botany	1.75	-	5
	Rlw		Rizal's Life & Works	1.75	-	3
	Engl	6	Phil. Literature	2.5	-	3
	Span	4n	Phil. Lit. in Span	2.75	-	3
	Pil	2	Panitikan	1.75	-	3
	PE		Physical Educ.	1.5	-	1
	Chem	24	Biochemistry	2.75	-	5
	Biol	16	Genetics Eugenics & Evolution	1.5	-	3
1st Sem 1987-88	PE		Physical Educ.	1.25	-	1

CERTIFIED TRUE COPY

Designation: UNIVERSITY REGISTRAR
Date: MAR 09 2006

CERTIFIED TRUE COPY

Designation: UNIVERSITY REGISTRAR
Date: JUN 4 1990

THIS TRANSCRIPT IS GOOD ONLY FOR:
MANILA CENTRAL UNIV., Manila

REMARKS:
ISSUED TRANSFER C



Prepared by:	Verified by:	Approved:	Released:
A.B. AMADA Checked by: E. MOLINA	Greyscale ACCTG. DEPARTMENT Singapore AB/107	A. ORENDAIN, Ph.D. Registrar	by

Manila Central University

MANILA, PHILIPPINES

Alamin ng lahat na makababasa nito: na ang Lupon ng mga Patnugot

Know all men by these presents: that the Board of Directors

sa bisa ng kahangyarihang tinataglay nito, ay nagagawad kay

by virtue of the authority vested in it, has conferred upon

Debbie M. Lescano

na ang karapatan sa pagtatapos ay pinagtibay ng Patnugot ng Kawanihan
whose eligibility for graduation has been approved by the Director of

ng Paaralang Pribado at nakatupad sa lahat ng kinakailangan para sa titulong
Private Schools and who has fulfilled all the requirements for the degree of

Batsilver sa Agham ng Teknolohiya Medikal

BACHELOR OF SCIENCE IN MEDICAL TECHNOLOGY

kalakip ang lahat ng karapatan, karanganan at pribilchiyo gayon din ang
with all the rights, honors, and privileges as well as

mga tungkulin at pananagutang nauukol dito.

the obligations and responsibilities thereto appertaining.

Iginawad sa Maynila, Pilipinas, ngayong ika- 9 araw ng Nobyembre

Given at Manila, Philippines, this 9 day of November

taon ng ating Panginoon labinsiyam na taal't 89.

in the year of Our Lord nineteen hundred and eighty nine.

CERTIFIED TRUE COPY

DESIGNATION: UNIVERSITY REGISTRAR
DATE: MAR 09 2006

Amelia S. de Guen
DEKANO
(DEAN)

Purificacion S. Tanckow
PANGULO
(PRESIDENT)



MUNICIPAL FORM NO. 102—(Revised Dec. 1, 1958)

(TO BE ACCOMPLISHED IN BLOCK LETTERS)



REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

(FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER)

Register Number:

Province: Batangas
City or Municipality: Batangas(a) Civil Registrar-General No. 317
(b) Local Civil Registrar No. 3171. PLACE OF BIRTH
a. PROVINCE Batangas
b. CITY OR MUNICIPALITY Matangas Maliboy
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Poblacion2. USUAL RESIDENCE OF MOTHER (Where does mother live?)
a. PROVINCE Batangas
b. CITY OR MUNICIPALITY Matangas Maliboy
c. NUMBER AND STREET Poblacion

d. IS PLACE OF BIRTH INSIDE CITY LIMITS?

d. IS RESIDENCE INSIDE CITY LIMITS? e. IS RESIDENCE ON A FARM?
YES NO YES NO YES NO

CHILD	3. MAIDEN (Type or print)		First DUE IN	Middle	Last		
	4. SEX	5. G. THIS BIRTH	6. IF TWIN OR TRIPLET, WAS CHILD			G. DATE OF BIRTH	
	SINGL <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>		1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	Month Day Year	
FATHER	7. NAME	First	Middle	Last	RELIGION	8. NATIONALITY	9. RACE
	Luzon	Intibak	Imogene	M.	Catholic	Phil.	Brown
MOTHER	10. BIRTHPLACE	11a. USUAL OCCUPATION			11b. KIND OF BUSINESS OR INDUSTRY		
	M. Kahoy, Batangas	Employee					
	12. MAIDEN NAME	First	Middle	Last	RELIGION	13. NATIONALITY	14. RACE
	Luzon	Intibak	H. Matangas	M.	Catholic	Phil.	Brown
	14. AGE (At time of this birth)	15. BIRTHPLACE	16. FETAL VIOLENT DELIVERIES TO MOTHER (Do not include this birth)			17. How many children are now living?	
	Years 28	M. Kahoy, Batangas	a. How many children are now living?	b. How many other children were born alive but are now dead?	c. How many fetal deaths (fetuses born dead any time after conception)?	4	0
	18. INFORMANT'S SIGNATURE:	Signature: Luzon B. Hernandez					
	b. NAME IN PRINT:	Luzon B. Hernandez					
	c. ADDRESS:	Poblacion, M. Kahoy, Batangas					

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)

Same Address

19.	ATTENDANT AT BIRTH		d. DATE SIGNED BY ATTENDANT AT BIRTH:
I HEREBY CERTIFY that I attended the birth of this child who was born alive at 5:30 o'clock M. on the date above indicated.			
a. SIGNATURE: Luzon B. Hernandez		e. TITLE OF ATTENDANT AT BIRTH:	
b. NAME IN PRINT: Luzon B. Hernandez		M. D. <input checked="" type="checkbox"/>	MIDWIFE <input type="checkbox"/>
c. ADDRESS: M. Kahoy, Batangas		NURSE <input type="checkbox"/>	OTHER (Specify)
20. RECEIVED IN THE OFFICE OF THE LOCAL CIVIL REGISTRAR BY:	21. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:		
a. SIGNATURE: Luzon B. Hernandez	b. DATE WHEN GIVEN NAME WAS SUPPLIED:		
b. NAME IN PRINT: Luzon B. Hernandez			
c. TITLE OR POSITION: Asst. Municipal Treasurer			
d. DATE: 01/03			
22a. LENGTH OF PREGNANCY	12 weeks	COMPLETED WEEKS.	6
LBS.	4	OZ.	0
23. LEGITIMACY	Yrs	No	1850

24. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)
December 29 1962
(Month) (Date) (Year)
City or Municipality M. Kahoy, Province Batangas25. THIS CERTIFICATE IS PREPARED BY:
Signature: Luzon B. Hernandez
Name in Print: Luzon B. Hernandez
Title or Position: Asst. Municipal Treasurer
Date: 12-27-68

18-239 (SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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National Statistician and Civil Registrar General
Philippine Statistics Authority



Bilingual Form No. 102—(Revised Dec. 1, 1954)

(TO BE ACCOMPLISHED IN DUPLICATES)

REPUBLIC OF THE PHILIPPINES

CERTIFICATE OF LIVE BIRTH

FILL OUT COMPLETELY, ACCURATELY, LEGIBLY IN INK OR TYPEWRITER

Register Number:

Province: Batangas

City or Municipality:

1. PLACE OF BIRTH

Batangas

2. MEDIUM RESIDENCE OF MOTHER (Where does mother live?)

a. PROVINCE

Batangas

b. CITY OR MUNICIPALITY

Matangnokuboy

b. CITY OR MUNICIPALITY

Matangnokuboy

c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Poblacion

c. NEIGHBOR AND STREET

d. IS PLACE OF BIRTH INSIDE CITY LIMITS?

Poblacion

Poblacion

YES NO YES NO YES NO

3. NAME (Type or print)		First	Middle	Last			
		LEONIE		LESQUINAN			
4. SEX	5a. THIS BIRTH	5b. IF TWIN OR TRIPLETS, WAS CHILD			6. DATE OF BIRTH		
<input checked="" type="checkbox"/> Female	SINGL ^E <input type="checkbox"/> TWIN <input type="checkbox"/> TRIPLETS <input type="checkbox"/>	1ST <input type="checkbox"/>	2ND <input type="checkbox"/>	3RD <input type="checkbox"/>	Month Dec. Day 19 Year 1968		
FATHER	7. NAME	First	Middle	Last	RELIGION	8. NATIONALITY	9. RACE
	Caloy	Actibok	Ishmael	Lesquinan	R. Catholic	P.I.	Brown
MOTHER	10. BIRTHPLACE	11a. USUAL OCCUPATION			11b. KIND OF BUSINESS OR INDUSTRY		
	N. Kahoy, Batangas	Employee					
	12. MAIDEN NAME	First	Middle	Last	RELIGION	13. NATIONALITY	14. RACE
	Leontina	Leontina	Ishmael	Lesquinan	R. Catholic	P.I.	Brown
	14. AGE (At time of this birth)	15. BIRTHPLACE	16. PREVIOUS DELIVERIES TO MOTHER (Do not include this birth)				
	Years 29	N. Kahoy, Batangas	a. How many children are now living?	b. How many other children were born alive but are now dead?	c. How many total deaths (fetuses born dead any time after conception)?		
		4	0	0			
17. INFORMANT'S SIGNATURE: a. NAME IN PRINT: Luzgao B. Hernandez c. ADDRESS: Poblacion, N. Kahoy, Batangas							

18. MOTHER'S MAILING ADDRESS: (Number, Street, City or Municipality, Province)

Same Address

19.	ATTENDANT AT BIRTH			20.	ADDRESS		
I solemnly certify that I attended the birth of this child who was born alive at 12:30 o'clock P.M. on the date above indicated. a. SIGNATURE: Luzgao B. Hernandez b. NAME IN PRINT: Luzgao B. Hernandez c. ADDRESS: N. Kahoy, Batangas				d. DATE SIGNED BY ATTENDANT AT BIRTH:			
				e. TITLE OF ATTENDANT AT BIRTH: <input type="checkbox"/> M.D. <input checked="" type="checkbox"/> MIDWIFE <input type="checkbox"/> NURSE <input type="checkbox"/> OTHER (Specify)			
				f. a. GIVEN NAME ADDED FROM SUPPLEMENTAL REPORT:			
				g. DATE WHEN GIVEN NAME WAS SUPPLIED:			

20. RECEIVED IN THE OFFICE OF THE CIVIL REGISTRAR BY:
a. SIGNATURE: I. N. Atienza
b. NAME IN PRINT: I. N. Atienza
c. TITLE OR POSITION: Asst. Municipal Treasurer
d. DATE: 01/01

21. LENGTH OF PREGNANCY	12-27-68	WEIGHT AT BIRTH	6	22. LEGITIMACY	1850
COMPLETED WEEKS		lbs.	oz.	23. YESTERDAY	NO

21. DATE AND PLACE OF MARRIAGE OF PARENTS (For legitimate birth)	22. THIS CERTIFICATE IS PREPARED BY
Month December Date 29 Year 1962	SIGNATURE: Luzgao B. Hernandez
City or Municipality N. Kahoy , Province Batangas	NAME IN PRINT: Luzgao B. Hernandez
	TITLE OR POSITION: Asst. Municipal Treasurer
	DATE: 12-27-68

(SPACE FOR MEDICAL AND HEALTH ITEMS FOR SPECIAL PURPOSES)

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CARMELITA N. ERICITA
Administrator and Civil Registrar General
National Statistics Office

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Republic of the Philippines
PROFESSIONAL REGULATION COMMISSION
Manila

BOARD OF MEDICAL TECHNOLOGY

Exam. No. 93686

Republic of the Philippines
Professional Regulation Commission

CERTIFIED TRUE COPY:

Debbie Al. Lescano
CRISTINA TONGCO-GECOBE
Records Officer III

I.O.R. No. 2402539

Dated: 8-19-02

Sir/Madam:

The ratings you obtained in the MEDICAL TECHNOLOGIST licensure examination given by the Board in Manila on March 17 & 18, 1990 are as follows:

S U B J E C T S	Relative Ratings	
	Weight	RATINGS
1. Clinical Chemistry	20	78
2. Microbiology and Parasitology	20	77
3. Hematology	20	79
4. Blood Banking and Serology	20	77
5. Clinical Microscopy(Urinalysis and other fluids)	10	84
6. Histopathologic Techniques	10	80
GENERAL AVERAGE RATING	100	78.6

IMPORTANT:

- PASSED**
1. THIS REPORT IS NOT VALID IF THERE IS ANY ALTERATION.
 2. To pass the MEDICAL TECHNOLOGIST licensure examination, an examinee must obtain a general average rating of at least 75% with no rating below 50% in any of the major subjects, and must not fail in at least sixty percent (60%) of the subjects computed according to their relative weights. Provided, however, that should an examinee failed to pass but obtained a general average rating of at least 70% is entitled to registration without examination as MEDICAL LABORATORY TECHNICIAN upon proper application and payment of the required fees.

Very truly yours,

JULIO B. FRANCIA, JR.
Commissioner



JTP/gie
021290

Republic of the Philippines
Professional Regulation Commission
CERTIFIED TRUE COPY

Pamela P. Faner

PAMELA P. FANER
Unit Head, Registration Division
Pdo. 00 / OR No. 1244104M
Dated 5-22-2014 4PM



Republika ng Pilipinas
REPUBLIC OF THE PHILIPPINES
Komisyon sa Regulasyon ng mga Profesyon
PROFESSIONAL REGULATION COMMISSION
Lupon ng Teknolohiya Medikal
BOARD OF MEDICAL TECHNOLOGY

Dapat malaman ng lahat na si
BE IT KNOWN THAT

Debbie M. Escano

na nakatupad sa lahat ng mga pangangailangang iniatas ng Batas Republika Blg. 5527, at ng mga Tuntunin
having complied with all the requirements prescribed by Republic Act No. 5527, and by the Rules
at mga Allituntunin ng Lupon, ngayon ay itinala na may karapatang gumanap bilang isang
and Regulations of the Board, is hereby registered and entitled to practice as a

Teknologo Medikal
MEDICAL TECHNOLOGIST

na may kapangyarihang humantab ng naturang titulo, lakip ang kaukulan ng mga karapatuan at pribilehiyo, sa bisa
and empowered to assume such title, with all the rights and privileges thereto appertaining, by
ng pahintulot ng Republika ng Pilipinas.
and under the authority of the Republic of the Philippines.

Katunayan nito, alinsunod sa mga tadhana ng Atas ng Pangulo Blg. 223, taglay ang sagisag ng Lupon.
IN WITNESS WHEREOF, in accordance with the provisions of Presidential Decree No. 223, under the seal of this Board,
any Katibayan Blg. 23756 ay ipinagkakaloob sa kanya sa Maynila, ngayong ika-1 atatu ng Setyembre,
this Certificate No. is granted at Manila, this 24 day of September,
taon ng ating Panginoon labinsiyam na taan at Anuman.
in the year of Our Lord nineteen hundred and Twenty.

Comisionado

Tagapangulo
Chairman

Julieta S. Tan
Tagawad
Member

Inesita M. Zara
Tagawad
Member

Pinagtitbay:
APPROVED:

Emilio G. Santos
Komisionado
Commissioner

