

CS Form No. 33-B
Revised 2018



Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

(Stamp of Date of Receipt)



Ms. REA MAE C. CUEVAS

You are hereby appointed as Administrative Aide I (Utility Worker I) (SG-1) _____
(Position Title)

under Permanent status at the Office of the Municipal Budget
(Permanent, Temporary, etc.) (Office/Department/Unit)

with a compensation rate of Nine Thousand Seven Hundred Fifty P 9,750.00
pesos per month.

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

MARY ROSE L. TIPAN, who Promoted with Plantilla Item No. 72
(Transferred, Retired, etc.)

Page 6.

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

Very truly yours,

JANET MAGPANTAY ILAGAN
Municipal Mayor

Subject to six (6) months
Probationary period

December 18, 2023

Date of Signing

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

DRY SEAL

(Stamp of Date of Release)

Certification

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

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


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

Certification

This is to certify that the appointee has been screened and found qualified by the majority of the HRMPSB/Placement Committee during the deliberation held on December 14, 2023..


JANET MAGPANTAY ILAGAN
Municipal Mayor
Chairperson, HRMPSB/Placement Committee

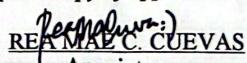
CSC/HRMO Notation

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

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

Acknowledgement

Received original/photocopy of appointment on December 18, 2023


REGINALDO C. CUEVAS
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 CS ID No (Do not fill up. For CSC use only)

II. PERSONAL INFORMATION

2. SURNAME	CUEVAS		
FIRST NAME	REA MAE	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	CARDIÑO		
3. DATE OF BIRTH (mm/dd/yyyy)	02/16/1997	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	LIPA CITY, BATANGAS	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS ZIP CODE	#83 PUROK 4 House/Block/Lot No. Street N/A CALINGATAN Subdivision/Village Barangay MATAASNAKAHOY BATANGAS City/Municipality Province 4223
7. HEIGHT (m)	1.60		
8. WEIGHT (kg)	60	18. PERMANENT ADDRESS ZIP CODE	N/A
9. BLOOD TYPE	AB+		#83 PUROK 4 House/Block/Lot No. Street N/A CALINGATAN Subdivision/Village Barangay MATAASNAKAHOY BATANGAS City/Municipality Province 4223
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	1212-3296-6251	20. MOBILE NO.	0956-390-2379
12. PHILHEALTH NO.	09-250687922-3	21. E-MAIL ADDRESS (if any)	rm.cuevas16@gmail.com
13. SSS NO.	04-3817958-7		
14. TN NO.	752-103-694-000		
15. AGENCY EMPLOYEE NO.			

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	CUEVAS			
FIRST NAME	CELITO	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	ROSALES			
25. MOTHER'S MAIDEN NAME				
SURNAME	CARDIÑO			
FIRST NAME	NANCY			
MIDDLE NAME	CEREZA			

(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	CALINGATAN ELEMENTARY SCHOOL	ELEMENTARY	2003	2009	GRADUATED	2009	N/A
SECONDARY	LA PURISIMA CONCEPCION ACADEMY	HIGH SCHOOL	2009	2013	GRADUATED	2013	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	FIRST ASIA INSTITUTE OF TECHNOLOGY AND HUMANITIES	BS- CRIMINOLOGY	2013	2017	GRADUATED	2017	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)



IV. CIVIL SERVICE ELIGIBILITY

(Continue on separate sheet if necessary)

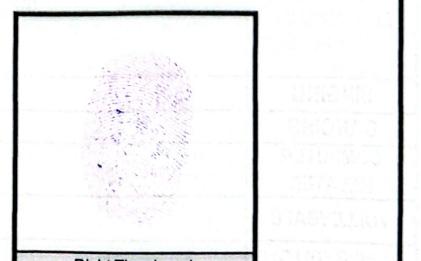
V. WORK EXPERIENCE

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' y INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	To						
06/06/2023	PRESENT	CLERICAL AIDE	LGU - MATAASNAKAHOY/BUDGET OFFICE	P 5,000.00	N/A	JOB ORDER	NO
04/01/2023	30/06/2023	CLERICAL AIDE	LGU - MATAASNAKAHOY/MAYOR'S OFFICE	P 5,000.00	N/A	JOB ORDER	NO
06/06/2022	31/12/2022	CLERICAL AIDE	LGU - MATAASNAKAHOY/MAYOR'S OFFICE	P 5,000.00	N/A	JOB ORDER	NO
18/05/2022	30/06/2022	CLERICAL AIDE	LGU - MATAASNAKAHOY/MAYOR'S OFFICE	P 4,000.00	N/A	JOB ORDER	NO
01/05/2022	03/25/2022	CLERICAL AIDE	LGU - MATAASNAKAHOY/MAYOR'S OFFICE	P 4,000.00	N/A	JOB ORDER	NO
05/07/2021	31/12/2021	CLERICAL AIDE	LGU - MATAASNAKAHOY/MAYOR'S OFFICE	P 4,000.00	N/A	JOB ORDER	NO
06/01/2021	30/06/2021	CLERICAL AIDE	LGU - MATAASNAKAHOY/MAYOR'S OFFICE	P 4,000.00	N/A	JOB ORDER	NO
06/07/2020	30/12/2020	CLERICAL AIDE	LGU - MATAASNAKAHOY/MAYOR'S OFFICE	P 4,000.00	N/A	JOB ORDER	NO
02/01/2020	30/06/2020	CLERICAL AIDE	LGU - MATAASNAKAHOY/MAYOR'S OFFICE	P 4,000.00	N/A	JOB ORDER	NO
04/07/2019	30/12/2019	CLERICAL AIDE	LGU - MATAASNAKAHOY/MAYOR'S OFFICE	P 4,000.00	N/A	JOB ORDER	NO

NOTHING FOLLOWS

(Continue on separate sheet if necessary)

MY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S					
NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK	
	From	To			
FIRST ASIA PUBLIC SAFETY SOCIETY (FAPSS)	2014	2015		P.R.O	
FIRST ASIA PUBLIC SAFETY SOCIETY (FAPSS)	2015	2016		AUDITOR	
FIRST ASIA PUBLIC SAFETY SOCIETY (FAPSS)	2016	2017		TREASURER	
NOTHING FOLLOWS					
(Continue on separate sheet if necessary)					
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED					
(Start from the most recent L&D/training program and include only the relevant L&D/training taken for the last five (5) years for Division Chief/Executive/Managerial positions)					
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (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			
FAITH COPS- COMMUNITY IMMERSION IN RELATION TO CROWD CONTROL MANAGEMENT WITH OBSERVATION, DESCRIPTION AND IDENTIFICATION TECHNIQUES	24/03/2017	26/03/2017	24 HOURS	TECHNICAL	FAITH
FAITH COPS COMMUNITY IMMERSION DURING THE SUNSET DUATHLON OF BATANGAS EARTH AND FIRE FESTIVAL	06/04/2016	06/04/2016	4 HOURS	TECHNICAL	FAITH
POLYGRAPH EXAMINATION SEMINAR/ WORKSHOP	15/06/2015	15/06/2015	4 HOURS	TECHNICAL	FAITH
1ST SECURITY MANAGEMENT SUMMIT "STRENGTHENING SECURITY PROFESSION IN RESPONSE TO ASEAN 2015 ECONOMIC INTEGRATION."	18/03/2014	18/03/2014	4 HOURS	TECHNICAL	FAITH
CRIME PREVENTION SEMINAR	18/09/2014	18/09/2014	4 HOURS	TECHNICAL	FAITH
CAMPUS SECURITY AND EMERGENCY MANAGEMENT ORIENTATION AND WORKSHOP	30/07/2013	30/07/2013	4 HOURS	TECHNICAL	FAITH
(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)	
SINGING	N/A			N/A	
DANCING	N/A			N/A	
COMPUTER RELATED	N/A			N/A	
VOLLEYBALL	N/A			N/A	
NOTHING FOLLOWS	N/A			N/A	
(Continue on separate sheet if necessary)					
SIGNATURE	<i>Reymon M. Jose</i>	DATE	November 17, 2023	CS FORM 212 (Revised 2017), Page 3 of 4	

<p>34. Are you related by consanguinity or affinity to the chief of bureau or office or to the person has Bureau or Department where you will be appointed,</p> <ol style="list-style-type: none"> within the third degree? within the fourth degree (for Local Government Unit - 	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p>												
<p>35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p> <p>Date Filed: _____ Status of Case/s: _____</p>												
<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>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p>												
<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</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p>												
<p>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay) 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</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____</p>												
<p>39. Have you acquired the status of an immigrant or permanent resident of another country?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details (country): _____</p>												
<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</p> <p>a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?</p>	<p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____</p>												
<p>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</p>													
<table border="1"> <thead> <tr> <th>NAME</th> <th>ADDRESS</th> <th>TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Hon. Janet M. Ilagan</td> <td>Brgy. Nangkaan, M-kahoy Batangas</td> <td>9176581717</td> </tr> <tr> <td>Dr. Rosarie C. De La Paz</td> <td>Brgy. Calingatan, M-kahoy Batangas</td> <td>9178578111</td> </tr> <tr> <td>Hon. Rene Lubis</td> <td>Brgy. Calingatan, M-kahoy Batangas</td> <td></td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Hon. Janet M. Ilagan	Brgy. Nangkaan, M-kahoy Batangas	9176581717	Dr. Rosarie C. De La Paz	Brgy. Calingatan, M-kahoy Batangas	9178578111	Hon. Rene Lubis	Brgy. Calingatan, M-kahoy Batangas	
NAME	ADDRESS	TEL. NO.											
Hon. Janet M. Ilagan	Brgy. Nangkaan, M-kahoy Batangas	9176581717											
Dr. Rosarie C. De La Paz	Brgy. Calingatan, M-kahoy Batangas	9178578111											
Hon. Rene Lubis	Brgy. Calingatan, M-kahoy Batangas												
<p>42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head / authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of</p>													
<p>Government Issued ID (i.e Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</p> <p>Government Issued ID: Driver's License</p> <p>ID/License/Passport No.: D-18-22-301503</p> <p>Date/Place of Issuance: Tagaytay</p>	<p><i>(Signature)</i></p> <p>Signature (Sign inside the box)</p> <p>November 17, 2023</p> <p>Date Accomplished</p>												
<p>SUBSCRIBED AND SWORN to before me this <u>17th day of Nov. 2023</u>, affiant exhibiting his/her validly issued government ID as indicated above.</p> <p><i>(Signature)</i></p> <p>GALLY D. TIPAN Mun. Human Resource Management Officer</p>													



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 Ms. Rea Mae C. Cuevas as Administrative Aide I (Utility Worker I) in the Office of the Municipal Budget 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



1 No
c

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

OFFICE OF THE MUNICIPAL ACCOUNTANT

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

THIS IS TO CERTIFY that funds are available for the position of Administrative Aide I (Utility Worker I) in the Office of the Municipal Budget of this municipality, with Salary Grade 1 amounting to ONE HUNDRED SEVENTEEN THOUSAND PESOS (P 117,000.00) per annum as per Annual Budget CY-2023 of this municipality.

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

A handwritten signature in black ink, appearing to read "LENILYN C. CARAAN".

LENILYN C. CARAAN
Municipal Accountant

Republic of the Philippines POSITION DESCRIPTION FORM DBM-CSC Form No. 1 <small>(Revised Version No. 1, s. 2018)</small>		1. POSITION TITLE (as approved by authorized agency) with parenthetical title Administrative Aide I (Utility Worker I)			
2. ITEM NUMBER		3. SALARY GRADE			
72		1			
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 Budget			
7. DEPARTMENT / BRANCH / DIVISION		8. WORKSTATION / PLACE OF WORK			
Office of the Municipal Budget		Office of the Municipal Budget			
9. PRESENT APPROP ACT	10. PREVIOUS APPROP ACT	11. SALARY AUTHORIZED		12. OTHER COMPENSATION	
SB Resolution No. 120-S-2023/ Ordinance of Budget No. 07-S-2023		N/A		P 9,750.00 PERA 2,000.00 Clothing Allow. 6,000.00 Cash Gift 5,000.00 Year End Bonus 9,750.00 Mid-year Bonus 9,750.00 PEI 5,000.00	
13. POSITION TITLE OF IMMEDIATE SUPERVISOR		14. POSITION TITLE OF NEXT HIGHER SUPERVISOR			
Municipal Budget 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					
Broom, Dustpan, Telephone, Computer, Logbook					
17. CONTACTS / CLIENTS / STAKEHOLDERS					
17a. Internal	Occasional	Frequent	17b. External	Occasional	Frequent
Executive / Managerial	<input type="checkbox"/>	<input type="checkbox"/>	General Public	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	Other Agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Supervisors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Others (Please Specify):		
Staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
18. WORKING CONDITION					
Office Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other/s (Please Specify)		
Field Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
19. BRIEF DESCRIPTION OF THE GENERAL FUNCTION OF THE UNIT OR SECTION					
Prepare executive and supplemental budget, review and consolidate municipal and barangay budget. Provide technical services to the local chief Executive and other local and barangay officials on budget matter.					

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

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

21. QUALIFICATION STANDARDS

21a. Education	21b. Experience	21c. Training	21d. Eligibility
Must be able to read and write	None Required	None Required	None Required (MC 11, s. 96-Cat III)
21e. Core Competencies			Competency Level
None Yet			None Yet
21f. Leadership Competencies			Competency Level
None Yet			None Yet

22. STATEMENT OF DUTIES AND RESPONSIBILITIES (Technical Competencies)

Percentage of Working Time	(State the duties and responsibilities here.)	
15%	Maintain the cleanliness and orderliness of the office;	
10%	Assigned in other utility works;	
	Assist in the Municipal Budget Officer in:	
15%	Preparation of Local Expenditure Program	
10%	Record in the columnar book of Allotment release Order- General Fund;	
15%	Record and update the Obligation Request- General Fund to General Ledger and release to end-user;	
10%	Prepare , print and accomplish Disbursement Voucher and supporting documents;	
15%	Process and encode Obligation Request Order (OBR) of different offices	
10%	Perform other duties 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.


REA MAE C. CUEVAS 12/18/2023

Employee's Name, Date and Signature


ROSARIE O. DE LA PAZ 12/18/2023

Municipal Budget Officer, Date and Signature



Republic of the Philippines
Province of Batangas
Municipality of Mataasnakahoy

OATH OF OFFICE

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

SO HELP ME GOD.


REA MAE C. CUEVAS
(Signature over Printed Name of the Appointee)

Government ID: UMID ID
ID Number : 0111-0716985-6
Date Issued : N/A

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


JANET MAGPANTAY ILAGAN
Municipal Mayor



CS Form No. 4
Revised 2018

Republic of the Philippines
Province of Batangas
MUNICIPALITY OF MATAASNAKAHOY

CERTIFICATION OF ASSUMPTION TO DUTY

This is to certify that Ms. REA MAE C. CUEVAS has assumed the duties and responsibilities as Administrative Aide I (Utility Worker I) in the Office of the Municipal Budget effective December 18, 2023.

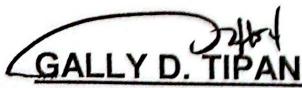
This certification is issued in connection with the issuance of the appointment of Ms. Cuevas as Administrative Aide I (Utility Worker I).

Done this 18th day of December 2023 in Mataasnakahoy, Batangas.


JANET MAGPANTAY ILAGAN
Municipal Mayor

Date: December 18, 2023

Attested by:


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

201 file
Admin
COA
CSC

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of DECEMBER 18, 2023

(Required by R.A. 6713)

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

Joint Filing *Separate Filing* *Not Applicable*

DECLARANT:	CUEVAS (Family Name)	REA MAE (First Name)	C. (M.I.)	POSITION: Admin. Aide I
ADDRESS:	CALINGATAN MATAASNAKAHOY BATANGAS		AGENCY/OFFICE: LGU-MATAASNAKAHOY	
SPOUSE:	N/A (Family Name)	N/A (First Name)	N/A (M.I.)	OFFICE ADDRESS: V. TEMPLO AVE., BRGY. IV, MATAASNAKAHOY, BATANGAS
			POSITION: N/A	
			AGENCY/OFFICE: N/A	
			OFFICE ADDRESS: N/A	
			POSITION: N/A	

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

NAME N/A	DATE OF BIRTH N/A	AGE N/A
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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	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			(As found in the Tax Declaration of Real Property)		YEAR	MODE	
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Subtotal: -0-

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT
CELLPHONE	2021	P 10,000.00

Subtotal : P 10,000.00

TOTAL ASSETS (a+b): P 10,000.00

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

2. LIABILITIES*

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

TOTAL LIABILITIES: -0-

NET WORTH : Total Assets less Total Liabilities = P 10,000.00

* 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
JULIUS CEASAR C. JAPLOS	COUSIN	MASTER SERGEANT	PAF, BRGY. IV, MATAASNAKAHOY, BATANGAS

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

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

Date: DECEMBER 18, 2023


(Signature of Declarant)

Government Issued ID: Philippine Identification Card
ID No.: 4936-5078-5961-7637
Date Issued:

N/A

(Signature of Co-Declarant/Spouse)

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

SUBSCRIBED AND SWORN to before me this 18TH day Of DECEMBER 2023, affiant exhibiting to me the above-stated government issued identification card.


(Person Administering Oath)

NOTARY PUBLIC UNTIL DECEMBER 31, 2024

COMMISSION NO. 2022-0059/ ROLL NO. 68570

IBP NO. 25349/01-02-23/ PASIG CITY

PTR NO. Q206039/01-03-23/LIPA CITY

MCLE COMPLIANCE NO. VII-0002112

423 Rafael Lubis St., Barangay II A, Mataasnakahoy, 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	
<u>CUEVAS, REA NAE CARDINO</u>			
ADDRESS			
<u>#83 BR64 CALINIGATAN M-KAHON, BATANGAS</u>			
AGE	SEX	CIVIL STATUS	PROPOSED POSITION
<u>26</u>	<u>FEMALE</u>	<u>SINGLE</u>	

FOR THE LICENSED GOVERNMENT PHYSICIAN

<p>I hereby certify that I have reviewed and evaluated the attached examination results, personally examined the above named individual and found him/her to be physically and medically <input type="checkbox"/> FIT / <input checked="" type="checkbox"/> UNFIT for employment.</p>		OTHER INFORMATION ABOUT THE PROPOSED APPOINTEE	
<p>SIGNATURE over PRINTED NAME OF LICENSED GOVERNMENT PH <u>DRA KARLA M. CARAAN</u></p>			
AGENCY/Affiliation of Licensed Government Physician: <u>NB447</u>			
LICENSE NO.	HEIGHT (M) Bare Foot	WEIGHT (kg) Stripped	BLOOD TYPE
<u>MHD</u>			
OFFICIAL DESIGNATION	DATE EXAMINED		
	<u>12-20-23</u>		

VE

Report ID: DTO-R03



QN911697
56

**DEPARTMENT OF HEALTH
SHALOM MEDICAL DIAGNOSTIC LABORATORY, INC.
ZENAIDA ARCADE M. H. DEL PILAR ST., BRGY. 2, BATANGAS CITY, BATANGAS**

Phone Number 0437861798

DRUG TEST REPORT

CCF No: R202310060082
Name: CUEVAS, REA MAE CARDIÑO
Birthdate: 02/16/1997 Age: 26 Gender: F

Transaction Date Time: 10/6/2023 12:00:00AM
Report Date Time: 10/10/2023 3:24:28PM

Test Method TEST KIT

Purpose Random - Government Employee

Requesting Parties
LGU MATAASNAKAHOY

Result

Drug/Metabolite	Result	Remarks
METHAMPHETAMINE	NEGATIVE	PASSED
TETRAHYDROCANNABINOL	NEGATIVE	PASSED

Test Conducted By

86

JANESSA BAES MAGSUMBOL

Analyst

Approved By

DR. ALPHA GRACE B CABIC

78

Head of Laboratory

Valid Within 12 Month/s from Transaction Date

This is a DOH-DDB IDTOMIS generated report

Certified photo copy from the office file:

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



Department of Radiology

Medical Imaging Report

PIN: SJHI-23-5144

Patient: CUEVAS, REA MAE

Referring Physician:

Clinical HX/DX:

Examination: CHEST PA

Procedure: RADIOGRAPHY

Date: 12/15/2023

Age: 26 Sex: FEMALE

Company: WALK-IN

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.

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:	CUEVAS, REA MAE		Patient Pin:	SJHI94632
Age :	26	Sex :	FEMALE	Company: WALK IN

Sample Date: December 15, 2023

LABORATORY REPORT

HEMATOLOGY

DESCRIPTION	RESULT	REFERENCE VALUES
RBC	4.82	FEMALE : $4.0-5.4 \times 10^{12}/L$ MALE : $4.6-6.0 \times 10^{12}/L$
Hemoglobin	132	FEMALE : 120-160g/L MALE : 140-180g/L
Hematocrit	0.41	FEMALE : 0.37-0.47 MALE: 0.40-0.54
MCV	84.4	76-100 fL
MCH	27.4	27-32 pg
MCHC	32.4	32-36%
White blood cells	7.5	$5.0-10.0 \times 10^9/L$
Segmenters	0.69	0.55-0.68
Lymphocytes	0.21	0.25-0.39
Monocytes	0.10	0.02-0.08
Platelet count	381	$150-450 \times 10^9/L$
BLOOD TYPE	" AB " RH POSITIVE	
REMARKS: ***NOT VALID WITHOUT A SEAL		

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

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

SPENCER S. WATANABE, MD, FSPSP, MHA
PATHOLOGIST LIC# 6112723



St. Joseph HealthCare, Inc.

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: **CUEVAS, REA MAE**

Patient Pin: **SJHI94632**

Age : **26** Sex : **FEMALE**

Company: **WALK IN**

Sample Date: **December 15, 2023**

LABORATORY REPORT

CLINICAL MICROSCOPY

URINALYSIS

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

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

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

Spencer S. Watanabe, MD, FPSP, MHA
PATHOLOGIST LIC# 0112723



Department of Radiology

Medical Imaging Report

PIN: **SJHI-23-5144**

Patient: **CUEVAS, REA MAE**

Referring Physician:

Clinical HX/DX:

Examination: **CHEST PA**

Procedure: **RADIOGRAPHY**

Date: **12/15/2023**

Age: **26** Sex: **FEMALE**

Company: **WALK-IN**

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

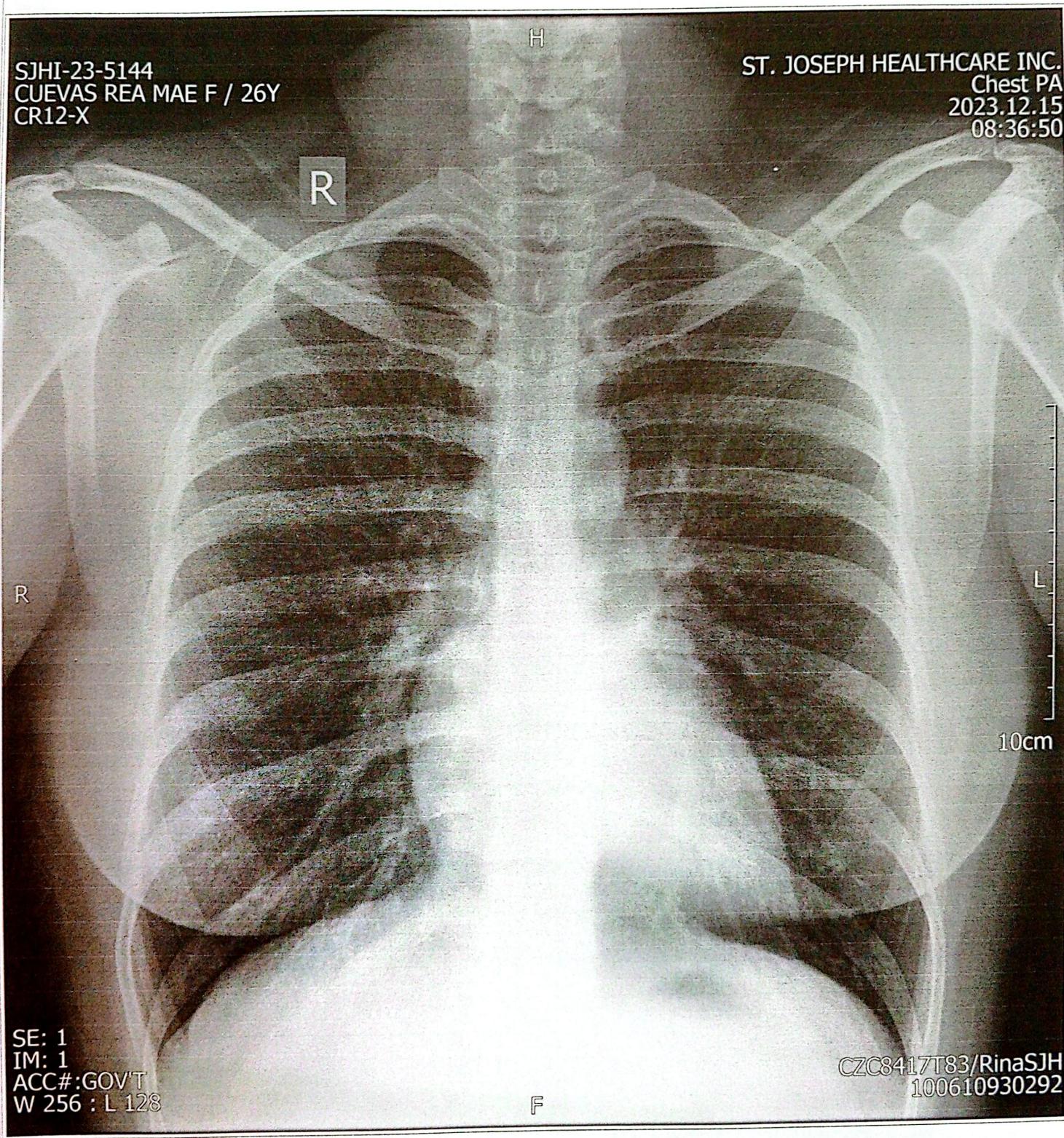
Radiologist



St. Joseph HealthCare, Inc.

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

Patient ID	SJHI-23-5144	CUEVAS REA MAE F/26 (1997/02/16)	
Exam Date	2023/12/15	Exam Desc	Chest





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: REA MAE C. CUEVAS

DATE OF EXAM: 15 Dec. 2023

AGE: 26

CIVIL STATUS: Single

HOME ADDRESS: 83 Brgy. Calingatan, Mataasnakahoy, Batangas

EVALUATION REPORT

FACTORS	FINDINGS
Intelligence (Ability to learn & solve problems)	AVERAGE
Educational Attainment	JOB ORDER
Experience (relevance to position)	BS CRIMINOLOGY
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: **97**

Classification: **AVERAGE**

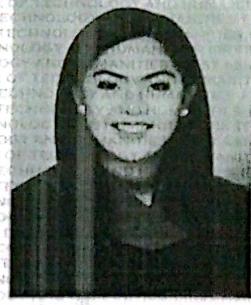
Percentage Score: **36TH PERCENTILE**

Personality Evaluation: Good natured and principled as well, subject finds fulfillment in servicing people and loved ones. Mature, subject aims to provide financial assistance to family. Apparent responsibility in carrying out her obligations has always been present.

REMARKS: Recommended

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





FIRST ASIA INSTITUTE FAITH

of TECHNOLOGY and HUMANITIES

OFFICE OF THE REGISTRAR

OFFICIAL TRANSCRIPT OF RECORD

Family Name

First Name

Middle Name

CUEVAS

REA MAE

CARDÍNO

PERSONAL DATA

Sex : Female

Date of Birth : February 16, 1997

Nationality : FILIPINO

Address : #83

CALINGATAN, MATAASNAKAHOY, BATANGAS

ENTRANCE CREDENTIALS TO FIRST ASIA INSTITUTE OF TECHNOLOGY AND HUMANITIES

Status of Admission

Date of Admission

Admitted as New Student

April 15, 2013

PRELIMINARY EDUCATION

Primary School: CALINGATAN ELEMENTARY SCHOOL

Secondary School: LA PURISIMA CONCEPCION ACADEMY

RECORD OF GRADUATION

Degree or Title

Date of Graduation

April 29, 2017

BACHELOR OF SCIENCE IN CRIMINOLOGY

Honors / Distinction

WITH S.O. NO. (R-IV) 50-891301-0002 s. 2017

REMARKS

GRADING SYSTEM

Superior

82

Good

Excellent

79

Good

Very Good

75

Passing

Very Good

78

Passing

Very Good

DROPPED

Failure

Good

Below 75

DROPPED

This Transcript of Record is computer generated and should not contain any erasures and/or alterations. All pages of this document should bear the seal of the school and signature of the registrar.

OFFICE OF THE REGISTRAR

FIRST ASIA INSTITUTE OF TECHNOLOGY AND HUMANITIES
REPRODUCED FROM THE DIGITAL COPY ON FILE

KAREN ALENE M. MALABAN

Officer-in-Charge

June 14, 2017

FOR EMPLOYMENT PURPOSES ONLY

Sherry M. Gévaria

Registrar



OFFICIAL TRANSCRIPT OF CUEVAS, REA MAE CARDIN

FINAL RATING RE-EXAM UNITS

SUBJECT

DESCRIPTIVE TITLE

FIN

1st Sem 2013-2014

ALGEB3U

College Algebra

2.25

3.0

COMPAPS

Computer Application

1.75

3.0

FUNDMAR

Fundamentals of Martial Arts

1.25

2.0

GENPSYC

General Psychology

2.50

3.0

KOMIKA+

Komunikasyon Sa Akademikong Filipino

2.50

3.0

NSTP100

National Service Training Program 1

2.00

3.0

NTROCR1

Introduction to Criminology and Psychology, of

Crimes

3.0

POLSCI1

Political Science with Philippine Constitution

1.50

3.0

TINKING

Communication Skills / Thinking & Study Skills

2.75

3.0

VALONE+

Awareness of Self, Others, Nature/Environment

2.00

3.0

2nd Sem 2013-2014

2CRIMI+

Philippine Criminal Justice System

2.00

3.0

3CRIMI+

Ethics and Values

2.00

3.0

DISARM+

Disarming Techniques

1.75

2.0

INDSEC1

Industrial Security Management

1.50

3.0

NSTP200

National Service Training Program 2

1.75

3.0

ORALCOM

Speech and Oral Communication

2.75

3.0

PGSULAT

Pagbasa at Pagsulat Tungo sa Pananaliksik

2.50

3.0

POLORG+

Police Organization and Administration with

Police Planning

3.0

TRIGO3U

Trigonometry

3.00

3.0

VALTWO+

Multi-intelligence

2.50

3.0

1st Sem 2014-2015

CHEM13U

General Chemistry

3.00

5.0

CRILAW1

Criminal Law (Book 1)

2.00

3.0

FIRSTWS

First Aid and Water Survival

1.50

2.0

PAHAYAG

Masining na Pagpapahayag

2.25

3.0

PERIDEN

Personal Identification

1.75

4.0

POLINT+

Police Intelligence

1.75

3.0

POLPAT+

Police Patrol Operations with Police

1.75

3.0

TECHRE1

Communications Systems

2.00

3.0

TECHRE1

Technical Report Writing 1

1.75

3.0

2nd Sem 2014-2015

2CRILAW

Criminal Law (Book 2)

2.25

3.0

2TECHRE

Technical Report Writing 2

1.75

3.0

CHEMTOX

Forensic Chemistry and Toxicology

3.00

5.0

COMBAT+

Markmanship and Combat Shooting

1.00

2.0

FUNDRCRI

Fundamentals of Criminal Investigation

1.75

3.0

JUVENIL

Juvenile Delinquency and Crime Prevention

2.25

3.0

PHOTO++

Police Photography

1.50

4.0

Summer 2014-2015

LOGIC++

Logic

2.75

3.0

PHILHS

Philippine History

2.50

3.0

SOCUL++

Society and Culture with Population Education

1.75

3.0

OFFICE OF THE REGISTRAR

FIRST ASIA INSTITUTE OF TECHNOLOGY AND HUMANITIES

KAREN ALENE M. MALABANAN

Officer-in-Charge

TOR0010183

June 14, 2017

FOR EMPLOYMENT PURPOSES ONLY

Sherry M. Gevena

Registrar



FIRST ASIA INSTITUTE
FAITH
of TECHNOLOGY and HUMANITIES

*Let all men know that
the President of First Asia Institute of Technology and Humanities,
upon the recommendation of the Faculty and by virtue of the authority vested upon him
has conferred upon*

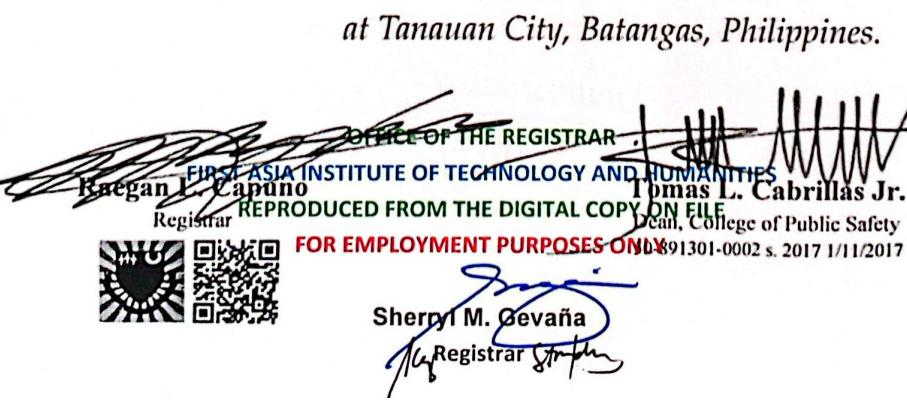
Rea Mae C. Cuevas

the degree of

Bachelor of Science in Criminology

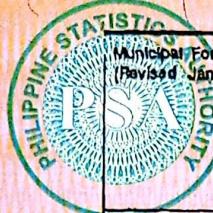
*after having satisfactorily fulfilled the requirements for the degree as approved by the
Commission on Higher Education of the Republic of the Philippines,
with all the rights, honors and privileges as well as the obligations and responsibilities appertaining thereto.*

*Given this 29th day of April, two thousand and seventeen
at Tanauan City, Batangas, Philippines.*



Saturnino G. Belen
President

(Copy for OCRG)



Municipal Form No. 102
(Revised January 1993)

(To be accomplished in quadruplicate)

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

(Fill out completely, accurately and legibly. Use ink or typewriter.
Place X before the appropriate answer in items 2, 5a, 5b and 19a.)

Province	Albay		Registry No.	97-170	
City/Municipality	Malinac				
1. NAME	(First) Ren Mae	(Middle) Cardino	(Last) Cuevas		
2. SEX	1 Male <input checked="" type="checkbox"/> 2 Female <input type="checkbox"/>	3. DATE OF BIRTH (day) 16 (month) Feb. (year) 1997			
4. PLACE OF BIRTH	(Name of Hospital/Clinic/Institution/ House No., Street, Barangay)		(City/Municipality)	(Province)	
	Burabod, Malinac, Albay				
5a. TYPE OF BIRTH	b. IF MULTIPLE BIRTH, CHILD WAS 1 Single <input checked="" type="checkbox"/> 2 Twin <input type="checkbox"/> 3 Triplet, etc. <input type="checkbox"/>				
c. BIRTH ORDER (live births and fetal deaths including this delivery) (first, second, third, etc.)	d. WEIGHT AT BIRTH 3rd grams				
6. MAIDEN NAME	(First) Nancy	(Middle) Ceres	(Last) Cardino	2	
7. CITIZENSHIP	FIL.	8. RELIGION R.O.			
9a. Total number of children born alive:	3	b. No. of children still living including this birth:	5	c. No. of children born alive but are now dead:	0
10. OCCUPATION	11. Age at the time of this birth: 26 years				
	housekeeper				
12. RESIDENCE (House No., Street, Barangay)	(City/Municipality)		(Province)		
	Burabod, Malinac,		Albay		
13. NAME	(First) Gelito	(Middle) Bersales	(Last) Cuevas		
14. CITIZENSHIP	FIL.	15. RELIGION R.O.			
16. OCCUPATION	17. Age at the time of this birth: 33 years				
	I'm player				

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

03 July 1996 Matrimonio na Kabay Batangas

19a. ATTENDANT

1. Physician 2. Nurse 3. Midwife
4. Midwife (Traditional Midwife) 5. Others (Specify) _____

19b. CERTIFICATION OF BIRTH

I hereby certify that I attended the birth of the child who was born alive at 12:30 AM o'clock am/pm on the date stated above.

Signature _____

Gregerio E. Bersales

Name in Print _____

Title or Position _____

Address _____

Burabod, Malinac, Albay

Date 18 March 1997

20. INFORMANT

Signature Merlina C. Cardino
Name in Print Merlina C. Cardino

Title or Position Grandmother

Relationship to the child _____

Address _____

Burabod, Malinac, Albay

Date 18 March 1997

Date _____

21. PREPARED BY

Signature Charito O. Binalay
Name in Print CHARITO O. BINALAY
Title or Position ASST. M.C.R.
Date 18 March 1997

22. RECEIVED AT THE OFFICE OF
THE CIVIL REGISTRAR

Signature GERMAN J. GONZAGA
Name in Print GERMAN J. GONZAGA
Title or Position M.O.R.
Date 18 March 1997

REMARKS/ANNOTATION

For OCRG USE ONLY:
Population Reference No.

0510-AG-105MLR-00639-BI001

TO BE FILLED UP AT THE
OFFICE OF THE CIVIL
REGISTRAR

41 9700170

48 1
49 50 2 160297

50 05108

61 1

62 64 08 9999

63 65 09 09

70 72 74 09 09 00

76 78 80 26

81 05108

86 87 1100

91 93 95 97

98 07031996

99 10181

03191997

06456-AG-105MLR-00639-BI001

BReN
00510-A97DG03-3Documentary
Stamp Tax Paid

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

