CS FORM 213 (Revised 2005)																												
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Print legibly. Mark appropriate boxes with and use separate sheet if necessar I. PERSONAL INFORMATION							/												(to be filled up by CSC)									
2. SURNAME	OSII)		Ī				<u> </u>		Ī	ii			Ī	1		Ī		Ī				Ī	1				
FIRST NAME	JONE							<u> </u>		<u> </u>				<u> </u>	<u> </u> 		1											
	CAN								<u> </u>	1	<u> </u>			<u> </u>	<u> </u> 	1 _							_					
MIDDLE NAME 4. DATE OF BIRTH(mm/dd/		/ \	03.	-31-	 197	 '3	16 RF	SIDE	-NTIA	AL AD	DRESS	,	RIZ/	<u></u> ΔΙ	L ST				XTEN AR				Sr)					
5. PLACE OF BIRTH	LUMBAN	I,LAC			101	<u> </u>	10.11	LOIDE	_1411/	(L / LD	DIVLOC												UN	4				
6. SEX	Male Male	☐ F	emale																									
7. CIVIL STATUS	Single Widowed Married Separated						ZIP CODE 17. TELEPHONE NO.						E 4014															
	Married ☐ Separated ☐ Others, specify					-				DESS		500-8183																
PALASAN,SA	Z LAGUNA					18. PERMANENT ADDRESS					L10,B15,LINGAP VILLE II SUBDIVISION BARANGAY																	
3. CITIZENSHIP FILIPINO]																						
9. HEIGHT (m)	1778					_																						
10. WEIGHT (kg)	67						ZIP CODE					-	4009															
11. BLOOD TYPE 12. GSIS ID NO.		B CM - 505264						19. TELEPHONE NO 20. EMAIL ADDRESS (if any)						jonel-osio@yahoo.com														
13. PAG-IBIG ID NO.	J.11 JJJZU1						21. CELLPHONE NO(if any)					-	0926 232 1677															
14. PHILHEALTH NO.	08-000024841-3					22. AGENCY EMPLOYEE NO.																						
15. SSS NO.							23. TIN						170-967-673															
II. FAMILY BACKG	OSIO								,	25. NA	ME O	E CI	און ט (ע	/rita f	ull na	me s	and lie	et all) D/	TE O)E BII	DTH	(mm/dd	/\^^	d)			
FIRST NAME	LINDA							25. NAME OF CARMA							and iii	St all)	DATE OF BIRTH (mm/dd/yyyy) 08/28/1998										
MIDDLE NAME	NAPIZA							LENIN N.												10/01/1999								
OCCUPATION	GOVERNMENT EMPLOYE						<u>E</u>						A N. OSIO							11/09/2001								
EMPLOYEE/BUS.NAME	DEP. ED STA. CRUZ, LAGUNA							JONEL N. C						OSIO JR.							10/06/2002							
BUSINESS ADDRESS TELEPHONE NO.	808-421	•	<u>AG</u>	UINA	1																							
TEELI HONE NO.	(Continue on sep		et if nece	essary)																								
26. FATHER'S SURNAME	OSI																											
FIRST NAME																												
MIDDLE NAME 27. MOTHER'S MAIDEN NA				S																								
FIRST NAME	CAN		A																									
MIDDLE NAME	GUT	TER	RE	Z							(Continue on separate s							sheet if necessary)										
III. EDUCATIONAL	BACKGRO	JND																										
28	NAME OF SOLIDOL DEODES									EAR		HIGHEST GRADE LEVEL			E IN				DATES OF DANCE			SCHOLARSHIP/						
LEVEL	NAME OF SCHOOL DE									f graduated)			UNITS		IED	-	rom	IEN	IDAN	To								
						, (J,			(if not graduated)			-							RECEIVED						
ELEMENTARY																												
SECONDARY																												
VOCATIONAL/																												
TRADE COURSE																												
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