

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	OBICO			
FIRST NAME	PAULO		NAME EXTENSION (JR., SR)	
MIDDLE NAME	VIRAY			
3. DATE OF BIRTH (mm/dd/yyyy)	08/07/1996	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	STA. CRUZ, LAGUNA	If holder of dual citizenship, please indicate the details.		
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female			
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:			
7. HEIGHT (m)	5'8"	17. RESIDENTIAL ADDRESS	104 Bonifacio St. House/Block/Lot No. Street Ilayang Palina Subdivision/Village Barangay Liliw Laguna City/Municipality Province	
8. WEIGHT (kg)	123 Kg		ZIP CODE	4004
9. BLOOD TYPE			18. PERMANENT ADDRESS	104 Bonifacio St. House/Block/Lot No. Street Ilayang Palina Subdivision/Village Barangay Liliw Laguna City/Municipality Province
10. GSIS ID NO.				ZIP CODE
11. PAG-IBIG ID NO.	121260228147			
12. PHILHEALTH NO.	082513625916			
13. SSS NO.	0442912170	19. TELEPHONE NO.	544-0527	
14. TIN NO.	764-051-905	20. MOBILE NO.	09267704851	
15. AGENCY EMPLOYEE NO.		21. E-MAIL ADDRESS (if any)	obicopaulo@gmail.com	

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	
MIDDLE NAME			
OCCUPATION			
EMPLOYER/BUSINESS NAME			
BUSINESS ADDRESS			
TELEPHONE NO.			
24. FATHER'S SURNAME			
FIRST NAME			
MIDDLE NAME			
25. MOTHER'S MAIDEN NAME			
SURNAME			
FIRST NAME			
MIDDLE NAME		(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	SANCTUARIO DE SAN ANTONNIO CHILDREN LEARNING CENTER		01/06/2000	03/04/2009		2009	
SECONDARY	ST. MARY'S ACADEMY OF NAGCARLAN		01/06/2009	22/03/2013		2013	
VOCATIONAL / TRADE COURSE							
COLLEGE	SOUTHERN LUZON STATE UNIVERSITY		01/06/2013	03/06/2019		2019	

GRADUATE STUDIES							
<i>(Continue on separate sheet if necessary)</i>							
SIGNATURE			DATE		JUN 15, 2022		