



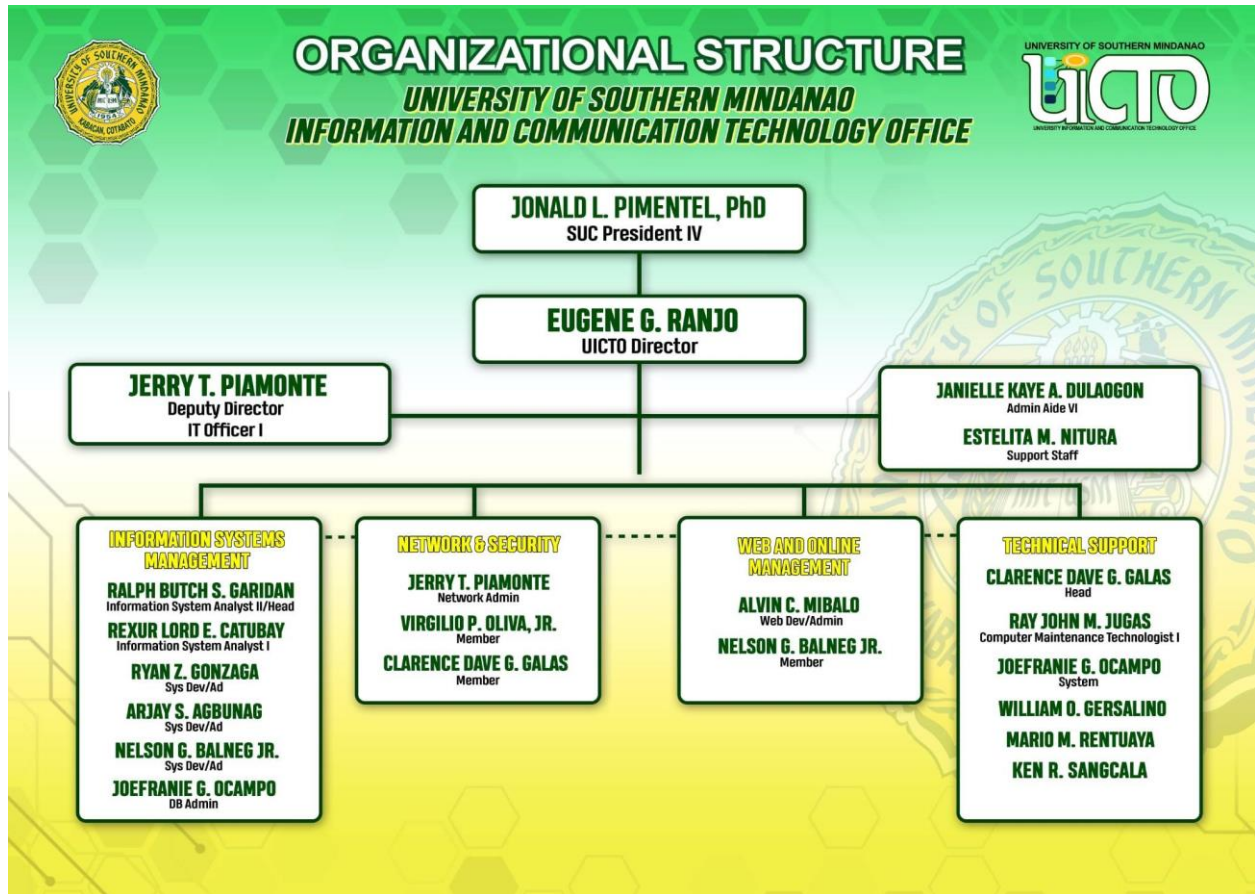
AREA IX

LABORATORIES

C.3. PDF OF THE MAINTENANCE PERSONNEL



C.3. PDF of the maintenance personnel



PERSONAL DATA SHEET

WARNING: Any misrepresentation made in the Personal Data Sheet and the Work Experience Sheet shall cause the filing of administrative/criminal cases 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)

I. PERSONAL INFORMATION

2. SURNAME	ATIH			
FIRST NAME	GHANY MHAR	NAME EXTENSION (JR, SR)		
MIDDLE NAME	GINOGALING			
3. DATE OF BIRTH (mm/dd/yyyy)	4/27/2000	6. 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	KABACAN, COTABATO			
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. RESIDENTIAL ADDRESS	BAI MATABAY PLANG VILLAGE 2 BAI MATABAY PLANG VILLAGE 2 House/Block/Lot No. Street BAI MATABAY PLANG VILLAGE 2 POBLACION Subdivision/Village Barangay KABACAN COTABATO City/Municipality Province	
7. HEIGHT (ft)	1.6		ZIP CODE	9047
8. WEIGHT (kg)	70		8. PERMANENT ADDRESS	
9. BLOOD TYPE	"B"		House/Block/Lot No. Street BAI MATABAY PLANG VILLAGE 2 POBLACION Subdivision/Village Barangay KABACAN COTABATO City/Municipality Province	
10. CBS ID NO.	N/A		ZIP CODE	
11. PAG-IBIG ID NO.	N/A	9. TELEPHONE NO.		
12. PHILHEALTH NO.	17-250081151-5	N/A		
13. SSS NO.	N/A	10. MOBILE NO.		
14. TIN NO.	629-542-095	09453143727		
15. AGENCY EMPLOYEE NO.	N/A	11. E-MAIL ADDRESS (if any)		
		atihghanymhar@gmail.com		

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)		
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ATIH			
FIRST NAME	ABRAHAM	NAME EXTENSION (JR, SR)		
MIDDLE NAME	GANIH			
25. MOTHER'S MAIDEN NAME				

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)

I. PERSONAL INFORMATION

2. SURNAME	JUMAO-AS		
FIRST NAME	CROMWEL	NAME EXTENSION (JR, SR) NONE	
MIDDLE NAME	MOLINO		
3. DATE OF BIRTH (mm/dd/yyyy)	7/1/1995	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	KIDAPAWAN CITY	If holder of dual citizenship, please indicate the details.	
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ MA. CLARA _____ KABACAN _____ NORTH, COTABATO _____ City/Municipality _____ Province _____
7. HEIGHT (m)	1.57	ZIP CODE	9407
8. WEIGHT (kg)	84	18. PERMANENT ADDRESS	House/Block/Lot No. _____ Street _____ Subdivision/Village _____ BIRADA _____ KIDAPAWAN _____ NORTH, COTABATO _____ City/Municipality _____ Province _____
9. BLOOD TYPE	B	19. TELEPHONE NO.	NONE
10. GSIS ID NO.	NONE	20. MOBILE NO.	09519818657
11. PAG-IBIG ID NO.	121205373787	21. E-MAIL ADDRESS (if any)	cmjumaoas@usm.edu.ph
12. PHILHEALTH NO.	17-025589341-9		
13. SSS NO.	NONE		
14. TIN NO.	330-782-572-000		
15. AGENCY EMPLOYEE NO.	07-00687		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NONE		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	NONE	NAME EXTENSION (JR, SR)	NONE	NONE
MIDDLE NAME	NONE			
OCCUPATION	NONE			
EMPLOYER/BUSINESS NAME	NONE			
BUSINESS ADDRESS	NONE			
TELEPHONE NO.	NONE			
24. FATHER'S SURNAME	JUMAO-AS			
FIRST NAME	NELSON	NAME EXTENSION (JR, SR)		
MIDDLE NAME	GONZALES			
25. MOTHER'S MAIDEN NAME				
SURNAME	MOLINO			
FIRST NAME	MARYLYN			
MIDDLE NAME	RESPICIO			

(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	MANONGOL CENTRAL ELEMENTARY SCHOOL	ELEMENTARY LEVEL	June 2002	March 2008	N/A	2008	NONE
SECONDARY	KIDAPAWAN CITY NATIONAL HIGH SCHOOL	HIGH SCHOOL LEVEL	June 2008	March 2012	NA	2012	NONE
VOCATIONAL / TRADE COURSE	NONE						NONE
COLLEGE	UNIVERSITY OF SOUTHERN MINDANAO	BS BIOLOGY (MICROBIOLOGY)	June 2012	April 2016	N/A	2016	NONE
GRADUATE STUDIES	UNIVERSITY OF SOUTHERN MINDANAO	MS BIOLOGY	August 2017	July 2020	N/A	2020	NONE

(Continue on separate sheet if necessary)

SIGNATURE	DATE	1-5-2024	CS FORM 212 (Revised 2017), Page 1 of 4
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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		

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			
In-person south-east asia phage workshop training on water microbiology	5/7/2023	5/13/2023	56 participant		phages for global health NRL-east avenue medical center
Research Panel During the Research Final Defense of STEM Grade 12 Students of Notre Dame of Tacurong College	4/18/2023	4/21/2023	32 participant	Research Panel	Notre Dame of Tacurong College
Seminar-Workshop on Basic Microbiological Technique Output Presentation of the Project Entitled " Harnessing Insect-bat Ecosystem Service for Economical Rice Production	10-26-2019	10-26-2019		Technical Speaker	Notre Dame of Tacurong College Project: Harnessing Insect-bat Ecosystem Service for Economical Rice Production
Seminar on "Biographical Pattern of Eukaryotic Protist: Case Studies with Slime Molds"	08-30-2019	08-30-2019	8.0	Presenter	University of Southern Mindanao
Seminar on "Developing Effective Conservation Priorities- from species to landscape	12/10/2018	12/10/2018	4.0	Participant	University of Southern Mindanao
Seminar on "DNA Barcoding as a Tool for Biodiversity researches in Modern Molecular Era"	12/10/2018	12/10/2018	4.0	Participant	University of Southern Mindanao
23rd Mindanao Convention and Scientific Meeting of the Philippine Society for Microbiology	09-28-2-18	09-28-2-18	4	Participant	Philippine Society for Microbiology-Mindanao Chapter
23rd Mindanao Convention and Scientific Meeting of the Philippine Society for Microbiology"	8/11/2018	8/11/2018	16.0	Participant	Philippine Society for Microbiology-Mindanao Chapter
23rd Mindanao Convention and Scientific Meeting of the Philippine Society for Microbiology"	8/11/2018	8/11/2018	16.0	Technical Paper	Philippine Society for Microbiology-Mindanao Chapter
Basic Operator's Training on Biofreezer/Water Bath with Shaker	07/05/2018	07/05/2018	8	Participant	Enhanced Medical ans Industrial Enterprises
SimpliAmp Thermal Cycler and Multiskan GO Microplate Spectrophotometer training for operators	06-25-2018	06-25-2018	8.0	Participant	Medical Test Systems Inc.


VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Basics on DNA Extraction	Certificate of Commendation for having published one article in a SCOPUS-indexed Journal between 2016-2018.	Philippine Society for Microbiology
Basics on DNA Amplification	Second Best Oral Paper Presenter during the 23rd Mindanao Convention and Scientific Meeting of the Philippine Society for Microbiology with the study Entitled "Detection of Bat- Fungi Association: Its Implication to Agriculture, Conservation and Disease Transmission".	American Society for Microbiology
Gel Electrophoresis	Certificate of Recognition for as Co-author of the article entitled "Economic and Ecological Perspective of Farmers on Rice Insect Pest Management published in the Global Journal on	
Basics on Gene Cloning		
Basics on DNA Sequence Processing		
Microbiological Techniques		

(Continue on separate sheet if necessary)

SIGNATURE		DATE	1-5-2024	CS FORM 212 (Revised 2017), Page 3 of 4
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REGISTERED MICROBIOLOGIST
 Certified, Philippine Academy of Microbiology



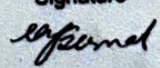
Cromwel M. Jumao-as

Registry No.: RM 19-00388

Valid up to: May 2020




Signature



DR. ENA BERNAL, DPAM
 Chair

This ID is non-transferable. Report loss immediately to the PAM Secretary,
 10090 Sierra Madre Extension, Los Baños SAbd., Batang Malabo, Los Baños, Laguna
 Email: phlacadmicro@yahoo.com

Signature



DR. ENA BERNAL, DPAM
 Chair

This ID is non-transferable. Report loss immediately to the PAM Secretary,
 10090 Sierra Madre Extension, Los Baños SAbd., Batang Malabo, Los Baños, Laguna
 Email: phlacadmicro@yahoo.com



Republic of the Philippines
UNIVERSITY OF SOUTHERN MINDANAO
Kabacan, Cotabato
Tel No. 63 (64) 572 - 2138
email address: op@usm.edu.ph
OFFICE OF THE PRESIDENT



Special Order No. 015A
Series of 2024

TO: MR. CROMWEL M. JUMAO-AS

SUBJECT: Designation as BIOLOGY LABORATORY IN-CHARGE

DATE: Tuesday, January 9, 2024

In the exigency of the service and pursuant to the policy of harnessing the capabilities of faculty member/employee in managing the affairs of the University, you are hereby designated as **BIOLOGY LABORATORY IN-CHARGE** being implemented by the University of Southern Mindanao, in addition to your appointive position, for the period August 1, 2023 until August 1, 2026.

As such, you are expected to perform the following functions:

1. Implement the rules and regulations stipulated in the Laboratory's quality manual to ensure smooth flow of operation;
2. Address concerns related to the laboratory;
3. Update laboratory documents for ISO and other accreditations;
4. Spearhead the creation of PPMP;
5. Spearhead the inventory of laboratory materials;
6. Spearhead the in-house preventive maintenance and calibration (as needed) of equipment.

By virtue of this designation, you shall be entitled to a load displacement of three (3) units an on Vacation/Sick Leave Status.



UNIVERSITY OF SOUTHERN MINDANAO

STAFF PERSONAL DATA SHEET



NAME: JULIE S. KAMAMANG			
CIVIL STATUS: Single			
GENDER: Female			
HOME ADDRESS: Datang Datu Paglas, Maguindanao			
CONTACT NO: 09068308442			
TELEPHONE NO: none			
COLLEGE: College of Arts and Sciences			
DEPARTMENT: Department of Biological Sciences			
HIGHEST RELEVANT ACADEMIC DEGREE: College Graduate			
SPECIALIZATION: none			
INSTITUTION: Mindanao State University			
YEAR OBTAINED: 1991			
A. EMPLOYMENT / SERVICE RECORD			
AGENCY	DESIGNATION	INCLUSIVE DATES	
University of Southern Mindanao	Laboratory Technician 1	December 2004 to Present	
University of Southern Mindanao	Laboratory Aide	May 1993-December 2004	
B. OTHER WORK EXPERIENCE / DESIGNATION			
AGENCY	DESIGNATION	INCLUSIVE DATES	
None	None	None	
C. CIVIL SERVICE ELIGIBILITIES (Include Board Examinations/ TESDA National Certificate)			
EXAMINATION TAKEN	DATE AND PLACE	RATING	
D. SCHOLARSHIP / FELLOWSHIP GRANTS ENJOYED			
SCHOLARSHIP / GRANT	GRANTING AGENCY	LEVEL (Int'l, Nat'l, Reg'l, Local)	INCLUSIVE DATES
E. RECOGNITION / AWARDS RECEIVED			
SCHOLARSHIP / GRANT	GRANTING AGENCY	LEVEL (Int'l, Nat'l, Reg'l, Local)	INCLUSIVE DATES
F. ACTIVE MEMBERSHIP IN SCIENTIFIC / PROFESSIONAL / HONOR SOCIETY			
NAME OF ORGANIZATION/HONOR SOCIETY	DATE OF MEMBERSHIP	POSITION	
None		None	
G. TECHNICAL COMPETENCE (Consultant, Panelist / Evaluator, Accreditor, Reviewer, etc)			
NAME OF ACTIVITY	SPONSORING / CONCERNED AGENCY	INCLUSIVE DATES	

S PORMA BLG. 33
(Narebisa, 1999)



Republic of the Philippines
PAMANTASAN NG KATIMUGANG MINDANAW
Kabacan, Cotabato



Ginoong/Ginang/Bb: JULIE S. KAMAMANG
Mr./Mrs./Ms.

Kayo ay nahirang na LABORATORY TECHNICIAN I (SG-06)
You are hereby appointed as

may katayuang PERMANENT sa Pamantasan ng Katimugang Mindanaw
with a (Status) at the (Agency)

sa pasahod na NINETY ONE THOUSAND TWO HUNDRED SEVENTY TWO PESOS piso.
with a compensation of (P91,272.00) peso per annum

Ito ay magkakabisa sa petsa ng pagganap ng tungkulin subalit di aaga sa petsa ng pagpirma ng
the effectivity date of this appointment shall be the date of actual assumption by the appointee but not earlier than the date of

puno ng tanggapan o appointing authority.
issuance of the appointment which is the signing of the appointing authority.

Ang appointment na ito ay ORIGINAL bilang kapalit ni
This appointment is (Original, Promotion, etc.) vice

Mrs. Carina Cabamungan Retired at ayon sa Plantilya
who (Transferred, Retired, Etc.) and in accordance with Plantilla

Aytem Blg. USMB-LABT1-4-1998 Pahina 6
Item No. Page

Sumasainyo,
Very truly yours,

VIRGILIO G. OLIVA
Pangulo

APPROVED AS PERMANENT

December 16, 2004

ELENIDA I. FORONDA
Senior Personnel Specialist
Officer In-Charge
Civil Service Field Office
Cotabato Province

Petsa ng Pagpirma
Date of Signing

Awtorisadong Opisyal
Komisyon ng Serbisyo Sibila
Authorized Official/Civil Service Commission

Dec. 22, 2004

Petsa
Date



COLLEGE OF SCIENCE AND MATHEMATICS

TO : JULIE S. KAMAMANG
SUBJECT : DESIGNATION AS LABORATORY TECHNICIAN
DATE : JANUARY 15, 2024

You are hereby designated as Laboratory Technician (LT) for the Department of Biology.

As such, you are hereby directed and expected to perform the following duties and functions.

The LT is responsible in preparing and maintaining chemicals/reagents needed for laboratory classes, thesis/research works. She maintains an inventory to determine the availability of the chemicals/reagents for the succeeding years of operation. Specifically, the LT:

1. Preparation and Maintenance of Equipment:

- Set up and calibrate laboratory equipment for experiments and demonstrations.
- Regularly check and maintain laboratory equipment and apparatus to ensure it is in good working condition.
- Repair or arrange for the repair of faulty equipment.

2. Inventory Management:

- Order and stock laboratory supplies and chemicals.
- Maintain an inventory of all lab materials, ensuring that necessary items are available and properly stored.
- Manage the safe storage and disposal of chemicals and other hazardous materials.

3. Safety and Compliance:

- Assist faculty members in ensuring that safety protocols and procedures are followed during lab hours.
- Conduct regular safety checks and inspections.

4. Assistance with Experiments:

- Arranges schedules of laboratory works especially on vacant laboratory rooms and availability of equipment;
- Prepares the necessary chemicals/reagents for the scheduled laboratory work;
- Assist teachers and students in setting up and conducting experiments.
- Provide guidance on the proper use of laboratory equipment and techniques.
- Troubleshoot problems that arise during experiments.

5. Cleaning and Organization:

- Clean and disinfect laboratory surfaces, equipment, and glassware after use.
- Organize and maintain a tidy and orderly lab environment.

PERSONAL DATA SHEET

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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	CALUYAN		
FIRST NAME	SAMUEL	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ALI		
3. DATE OF BIRTH (mm/dd/yyyy)	9/25/1976	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input checked="" type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
PLACE OF BIRTH	SARANGANI PROVINCE	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	PUROK 5 Street OSIAS Barangay COTABATO Province City/Municipality
7. HEIGHT (m)	5'5"	ZIP CODE	9407
8. WEIGHT (kg)	75 kg		
9. BLOOD TYPE	"A"	18. PERMANENT ADDRESS	PUROK 5 Street OSIAS Barangay COTABATO Province City/Municipality
10. GSIS ID NO.	N/A	ZIP CODE	9407
11. PAG-IBIG ID NO.	919-10-564083-5		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	286-031-257-000	20. MOBILE NO.	09700817133
15. AGENCY EMPLOYEE NO.	06-01837	21. E-MAIL ADDRESS (if any)	sammycaluyan@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	QUINTO		23. NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	REMILY	NAME EXTENSION (JR., SR)	RESAMAE BOON Q. CALUYAN	6/12/2012
MIDDLE NAME	VILLARUZ		LYSAMAE FAITH Q. CALUYAN	11/12/2020
OCCUPATION	DepEd, Teacher			
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	CALUYAN			
FIRST NAME	CATOT	NAME EXTENSION (JR., SR) SR		
MIDDLE NAME	CAWAN			
25. MOTHER'S MAIDEN NAME				
SURNAME	ALI			
FIRST NAME	LABIYA			
MIDDLE NAME	BANGALAN			

(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	MALAPATAN, SARANGANI ELEMENTARY SCHOOL	ELEMENTARY					
SECONDARY	MALAPATAN, SARANGANI NATIONAL HIGH SCHOOL	HIGH SCHOOL					
VOCATIONAL / TRADE COURSE	UNIVERSITY OF SOUTHERN MINDANAO	VOCATIONAL					
COLLEGE	UNIVERSITY OF SOUTHERN MINDANAO	BACHELOR OF SCIENCE IN AGRICULTURE					
GRADUATE STUDIES							

(Continue on separate sheet if necessary)

SIGNATURE	DATE	02/14/2025	CS FORM 212 (Revised 2017), Page 1 of 4
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UNIVERSITY OF SOUTHERN MINDANAO

STAFF PERSONAL DATA SHEET



NAME: SAMUEL A. CALUYAN

CIVIL STATUS: Married

GENDER: Male

HOME ADDRESS: Purok 5 Brgy. Oslas Kabacan, Cotabato

CONTACT NO: 094-829311999

TELEPHONE NO: none

COLLEGE: College of Arts and Sciences

DEPARTMENT: Department of Biological Sciences

HIGHEST RELEVANT ACADEMIC DEGREE: College Graduate

SPECIALIZATION: none

INSTITUTION: University of Southern Mindanao

YEAR OBTAINED: 2006

A. EMPLOYMENT / SERVICE RECORD

AGENCY	DESIGNATION	INCLUSIVE DATES
USM	Laboratory Aide	May 2006-Present

B. OTHER WORK EXPERIENCE / DESIGNATION

AGENCY	DESIGNATION	INCLUSIVE DATES

C. CIVIL SERVICE ELIGIBILITIES (Include Board Examinations/ TESDA National Certificate)

EXAMINATION TAKEN	DATE AND PLACE	RATING

D. SCHOLARSHIP / FELLOWSHIP GRANTS ENJOYED

SCHOLARSHIP / GRANT	GRANTING AGENCY	LEVEL (Int'l, Nat'l, Reg'l, Local)	INCLUSIVE DATES

E. RECOGNITION / AWARDS RECEIVED

SCHOLARSHIP / GRANT	GRANTING AGENCY	LEVEL (Int'l, Nat'l, Reg'l, Local)	INCLUSIVE DATES

F. ACTIVE MEMBERSHIP IN SCIENTIFIC / PROFESSIONAL / HONOR SOCIETY

NAME OF ORGANIZATION/HONOR SOCIETY	DATE OF MEMBERSHIP	POSITION

G. TECHNICAL COMPETENCE (Consultant, Panelist/ Evaluator, Accreditor, Reviewer, etc)

NAME OF ACTIVITY	SPONSORING / CONCERNED AGENCY	INCLUSIVE DATES



UNIVERSITY OF SOUTHERN MINDANAO

STAFF PERSONAL DATA SHEET

H. LECTURES DELIVERED (use additional sheet if needed)

TITLE OF PAPER

NAME OF ACTIVITY

DATE AND PLACE

I. INSTRUCTIONAL MATERIALS DEVELOPED

TITLE

DATE DEVELOPED

J. BOOKS / RELEVANT ARTICLES / CREATIVE WORKS / RESEARCH ARTICLES PUBLISHED (use additional sheet if needed)

TITLE OF ARTICLE

JOURNAL/ BOOK

VOLUME AND ISSUE NO.

ISSN/ISBN

PUBLISHER

DATE PUBLISHED

EXTENT OF CIRCULATION

K. TRAININGS, SEMINARS, CONFERENCES ATTENDED (use additional sheet if needed)

ACTIVITY

DATE

PLACE

SPONSORING AGENCY

International

National / Regional

Local

"Basic training on Olympus CX41 with DP27" Operation Manual, Basic Preventive Maintenance, Basic Troubleshooting

6/16/2016-6/16/2016

CAS-USM

Omnibus Bio-Medical Systems INC.

Ultraviolet-visible spectrophotometer lecture

3/31/2016-4/1/2016

CAS-USM

SPC-Customer Support Center

Atomic Absorption Spectrophotometry (AA-7000 with HVG and MVU-1A) operations

4/19/2016-4/21/2016

CAS-USM

SHIMADZU PHILIPPINE CORPORATION

Working safety with biological safety cabinet end-user training

2/23/2016-2/23/2016

CAS-USM

SPC-Customer Support Center

Fourier Transform Infrared Spectrophotometer Lecture

3/20/2016-3/31/2016

CAS-USM

SPC-Customer Support Center

L. PAPERS PRESENTED IN INTERNATIONAL, NATIONAL / REGIONAL, LOCAL FORA

TITLE OF PAPER

CONVENTION/ CONFERENCE/ SEMINAR/ WORKSHOPS/ SYMPOSIUM, etc.

VENUE

DATE

