

Republic of the Philippines
 Department of the Interior and Local government
 NATIONAL POLICE COMMISSION
NATIONAL HEADQUARTERS PHILIPPINE NATIONAL POLICE
 Camp Crame, Quezon City



POLICE PERSONAL FILE

| |
|------------------|
| PNP Badge No: |
| TIN: |
| Phil. Health No: |

WARNING:

The correctness of all statements or entries made herein is subject to verification and any deliberate correction and distortion of information may give sufficient cause for **Investigation.**

Date Accomplished:

| I. GENERAL INFORMATION | | | |
|---|-----------------------|------------------------------------|-----------------|
| 1. NAME (Last Name | First Name | Middle Name | Qualifier) |
| 2. RANK | | 3. UNIT/ STATION – NSU / PRO / NHQ | |
| 4. HOME ADDRESS (House No / Street / Mun / City / Province) | | | |
| 5. PLACE OF BIRTH: | | 6. DATE OF BIRTH: | |
| 7. SEX: | 8. CIVIL STATUS: | 9. RELIGION: | |
| 10. COLOR OF HAIR: | 11. COLOR OF EYES | 12. HEIGHT (CM) | 13. WEIGHT (KG) |
| 14. BLOOD TYPE : | 15. BUILD: | 16. COMPLEXION: | |
| 17. LANGUAGES | 18. IDENTIFYING MARKS | 19. ETHNIC GROUP | |
| 20. NAME OF <u>SPOUSE</u> OR NEAREST KIN/ADDRESS: | | 21. OCCUPATION: | |
| 22. DEPENDENTS: | | | |
| NAME | DATE OF BIRTH | RELATIONSHIP | ADDRESS |
| | | | |
| | | | |
| | | | |
| 23. HOUSING DATA: | | | |
| <input type="checkbox"/> OWN HOUSE & LOT <input type="checkbox"/> RENT HOUSE <input type="checkbox"/> OCCUPYING GOV'T QRTS <input type="checkbox"/> OWN HOUSE ONLY <input type="checkbox"/> RENT ROOM <input type="checkbox"/> OTHERS (Specify): | | | |

Signature

II. APPOINTMENT AND EXPERIENCE/TIG DATA

| | |
|---|---|
| EFFECTIVE DATE OF APPOINTMENT OF PREVIOUS RANK BY CSC STATUS DATE TEMPORARY: PERMANENT: | EFFECTIVE DATE OF PROMOTION OF PREVIOUS RANK PER PNP SO/GO STATUS DATE AUTHORITY TEMPORARY: PERMANENT: |
| EFFECTIVE DATE OF APPOINTMENT OF PRESENT RANK BY CSC STATUS DATE TEMPORARY: PERMANENT: | EFFECTIVE DATE OF PROMOTION OF PRESENT RANK PER PNP SO/GO STATUS DATE AUTHORITY TEMPORARY: PERMANENT: |
| IF PRESENT RANK PASSED TEMPORARY, STATE REASON <input type="checkbox"/> Eligibility <input type="checkbox"/> TIG <input type="checkbox"/> Training <input type="checkbox"/> Others _____ | DATE SATISFIED THE DEFICIENCY: DEFICIENCY: _____ (specify) MONTH/YEAR: _____ |

FOR POLICE COMMISSIONED OFFICERS ONLY

SOURCE OF COMMISSION/ENTRY TO THE PNP

| | |
|---|-------------------------------------|
| YEAR | YEAR |
| <input type="checkbox"/> AFP Regular <input type="checkbox"/> AFP Reserve <input type="checkbox"/> SPO4-PINSP PROM _____ | <input type="checkbox"/> PMA _____ |
| <input type="checkbox"/> CIS <input type="checkbox"/> INP <input type="checkbox"/> NAPOLCOM <input type="checkbox"/> Lateral Entry: | <input type="checkbox"/> PNPA _____ |

III. EDUCATIONAL BACKGROUND

| LEVEL | NAME OF SCHOOL | LOCATION | YEAR | DEGREE COMPLETED / UNITS | HONORS RECEIVED |
|---------------|----------------|----------|------|--------------------------|-----------------|
| COLLEGE | | | | | |
| POST GRADUATE | | | | | |
| | | | | | |

IV. POLICE/MILITARY TRAINING CAREER COURSES

| COURSE TAKEN | SCHOOL / LOCATION | INCLUSIVE - DATE | TRAINING HOUR | CLASS STANDING HONORS RECEIVED |
|--------------|-------------------|------------------|---------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Signature

| V. NAPOLCOM/CIVIL SERVICE/PRC ELIGIBILITIES | | | |
|--|---------------------------------------|---|-----------------|
| TITLE OF EXAMINATION | DATE TAKEN | WHERE TAKEN | RATING OBTAINED |
| | | | |
| | | | |
| | | | |
| VI. PERFORMANCE EVALUATION RATING (Immediately preceding two (2) semesters) | | | |
| RATING PERIOD | RATING | RATER | |
| | | | |
| | | | |
| | | | |
| VII. PHYSICAL FITNESS TEST RATING (Immediately preceding two (2) semesters) | | | |
| FITNESS PERIOD | RATING | CONDUCTED BY | |
| | | | |
| | | | |
| | | | |
| VIII. STATEMENT OF ASSETS & LIABILITIES, NETWORTH (Immediately preceding Three (3) Fiscal Years) <i>THIS WILL BE COMPARED TO THE SUBMITTED SALNs AND VERIFIED BY RMD, DPRM.</i> | | | |
| FISCAL YEAR | TOTAL ASSETS | TOTAL LIABILITIES | NET WORTH |
| | | | |
| | | | |
| | | | |
| | | | |
| IX. INDIVIDUAL INCOME TAX RECORDS (Immediately preceding Three (3) Fiscal Years) | | | |
| FISCAL YEAR | GROSS INCOME | TAXABLE INCOME | INCOME TAX PAID |
| | | | |
| | | | |
| | | | |
| | | | |
| X. OFFENSE DATA | | | |
| OFFENSE COMMITTED AS CHARGED (State whether Administrative or Criminal) | TYPE OF CHARGE (Principal or what) | STATUS / DISPOSITION (Exonerated, etc., - Penalty) | |
| | | | |
| | | | |
| | | | |
| XI. DATA ON PREVIOUS RETIREMENT/DISMISSAL/SUSPENSION | | | |
| <i>Have you ever been retired, dismissed, forced to resign or suspended from any employment for reasons other than lack of funds?</i> | | | |
| | | | |
| <i>Have you ever been a candidate in a national or local election (including barangay election?)</i> | | | |
| POSITION | PLACE | DATE | |
| | | | |
| | | | |
| | | | |
| XII. PHYSICAL AND MEDICAL RECORD | | | |
| DATE OF LAST PHY/MEDICAL EXAMTN - | | WHERE TAKEN - | |
| DATE OF LAST DENTAL EXAMINATION - | | WHERE TAKEN - | |

Signature

| | |
|---------------------------------|---------------|
| DATE OF LAST NP EXAMINATION - | WHERE TAKEN - |
| DATE OF LAST DRUG TEST - | WHERE TAKEN - |
| DATE OF LAST PHY FITNESS TEST - | WHERE TAKEN - |
| | |

XIII. POLICE/MILITARY MAJOR DESIGNATIONS
 (FOR PCOs: AS PLTN LDR, COP, BN/CPS/CPO/PPO/PRO/NSU STAFF, MG COMDR, CD/PD)

| POSITION/DESIGNATION | UNIT | INCLUSIVE DATES |
|----------------------|------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

XIV. PROMOTION RECORDS

| OLD RANK | NEW RANK | EFF DATE | PROM STATUS | AUTHORITY |
|----------|----------|----------|-------------|-----------|
| | | | | |
| | | | | |

XV. OTHER COURSES/TRAININGS/SEMINARS (IN PRESENT RANK)

| COURSE TAKEN | SCHOOL / LOCATION | INCLUSIVE -DATE | TRAINING HOURS | CLASS STANDING HONORS RECEIVED |
|--------------|-------------------|-----------------|----------------|--------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Signature

| | | | | |
|--|--|--|--|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

XVI. FIREARMS RECORD

| LICENSE NO. | KIND | MAKE | CALIBER | AMMO | ISSUING UNIT |
|-------------|------|------|---------|------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |

XVII. AWARDS AND RECOGNITIONS RECEIVED (IN PRESENT RANK)

INDIVIDUAL MEDALS/RIBBONS

| NATURE OF AWARD | DATE AWARDED | AUTHORITY |
|-----------------|--------------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

INDIVIDUAL AND UNIT CITATION BADGE

| | | |
|--|--|--|
| | | |
| | | |
| | | |

INDIVIDUAL AND UNIT AWARDS/STREAMERS

| | | |
|--|--|--|
| | | |
| | | |
| | | |

LETTERS OF COMMENDATIONS/PLAQUES/CERTIFICATE OF

APPRECIATION/COMMENDATION/MERITS (NOT YET CONVERTED TO PNP MEDALS)

| NATURE OF AWARD | DATE AWARDED | AWARDED BY |
|-----------------|--------------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

ACADEMIC AWARDS

| NATURE OF AWARDS | DATE | INSTITUTION |
|------------------|------|-------------|
| | | |
| | | |

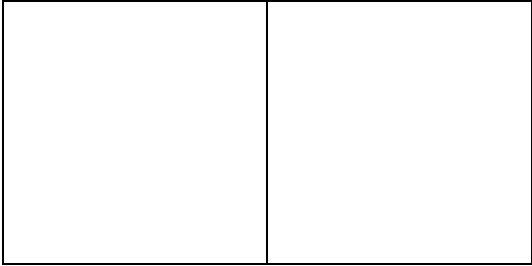
Signature

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

XVIII. CERTIFICATION

THIS IS TO CERTIFY that the answers given above are true and correct to the best of my knowledge and belief.

I COMMIT MYSELF TO BE LIABLE for perjury and/or dishonesty as result of any false, misrepresentation or omission in this Personal Data Sheet.



LEFT

RIGHT

THUMBMARK

Community Tax Certificate No:

Issued on:

Issued at :

SUBSCRIBED AND SWORN TO before me this _____ at _____, Philippines.

NHQ/NSU/PRO
Official Seal

* Not valid without Notarial Seal

Signature