

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:

<b>I. GENERAL INFORMATION</b>			
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 <b><u>SPOUSE</u></b> OR NEAREST KIN/ADDRESS:		21. OCCUPATION:	
<b>22. DEPENDENTS:</b>			
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 <b>PREVIOUS RANK BY CSC</b> STATUS                      DATE  TEMPORARY:  PERMANENT:	EFFECTIVE DATE OF PROMOTION OF <b>PREVIOUS RANK PER PNP SO/GO</b> STATUS                      DATE                      AUTHORITY  TEMPORARY:  PERMANENT:
EFFECTIVE DATE OF APPOINTMENT OF <b>PRESENT RANK BY CSC</b> STATUS                      DATE  TEMPORARY:  PERMANENT:	EFFECTIVE DATE OF PROMOTION OF <b>PRESENT RANK PER PNP SO/GO</b> 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"/> CIS	<input type="checkbox"/> INP	<input type="checkbox"/> NAPOLCOM
<input type="checkbox"/> Lateral Entry:	<input type="checkbox"/> PMA _____	<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

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Signature

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

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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

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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**

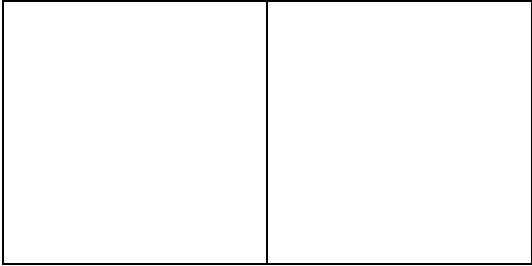
NATURE OF AWARDS	DATE	INSTITUTION

\_\_\_\_\_  
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