

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	ROSAL		
FIRST NAME	MA. SHERLITA	NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	SERVDOR		
3. DATE OF BIRTH (mm/dd/yyyy)	02/11/1997	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:
4. PLACE OF BIRTH	ORMOC CITY	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	<input type="checkbox"/> Male <input checked="" 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	N/A ZONE 1 House/Block/Lot No. Street N/A BRGY. GUADALUPE Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.56	ZIP CODE	6521
8. WEIGHT (kg)	43		
9. BLOOD TYPE	O	18. PERMANENT ADDRESS	41-E MABINI ST. House/Block/Lot No. Street N/A BRGY. DIST 1V Subdivision/Village Barangay ORMOC LEYTE City/Municipality Province
10. G SIS ID NO.	2005461936	ZIP CODE	6541
11. PAG-IBIG ID NO.	121236611997		
12. PHILHEALTH NO.	13-250750905-7		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	730-363-958	20. MOBILE NO.	09079236038
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	masherlita.rosal@vsu.edu.ph

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)	N/A	NA
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	ROSAL			
FIRST NAME	RUBEN	NAME EXTENSION (JR., SR)	N/A	
MIDDLE NAME	SERVIDOR			
25. MOTHER'S MAIDEN NAME	FLORA BARDOQUILLO SERVIDOR			
SURNAME	ROSAL			
FIRST NAME	FLORA			
MIDDLE NAME	SERVIDOR			

(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	ORMOC CITY CENTRAL SCHOOL	N/A	2004	2010		2010	8TH HON. MENTION
SECONDARY	NEW ORMOC CITY NATIONAL HIGH SCHOOL	N/A	2010	2014		2014	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BACHELOR OF SCIENCE IN BIOLOGY MAJOR IN MARINE BIOLOGY	2014	2018		2018	CUM LAUDE
GRADUATE STUDIES	N/A	N/A	N/A	N/A		N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE	DATE	July 12, 2021
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
N/A		N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

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)

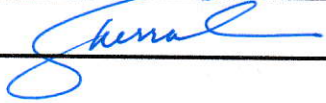
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	2nd International Forum on Collaborative Researches in Parasitic Diseases	05/25/2021	05/25/2021	4 HOURS	TECHNICAL	Department of Parasitology, College of Public Health University
	Beach Forest 101 Webinar Series Episode 2 (Beach Forest Nursery Establishment -	12/05/2021	12/05/2021	3 HOURS	TECHNICAL	Zoological Society of London (ZSL and Deutsche Gesellschaft für
	Introduction to Copyright and Fair Use for Educators	08/22/2020	08/22/2020	2 HOURS	TECHNICAL	VISAYAS STATE UNIVERSITY
	Training workshop on MOODLE Learning Management System for Visayas State Un	09/17/2020	09/17/2020	6 HOURS	TECHNICAL	DCST-VSU lead by Mrs. Magdalene Unajan
	Webinar Series episode 6 (Beach Forest Species - Coastal Protection, Reforestation	10/22/2020	10/22/2020	3 HOURS	TECHNICAL	Zoological Society of London (ZSL and Deutsche Gesellschaft für
	OPEN P-TECH: FREE-DIGITAL LEARNING ON TECH AND PROFESSIONAL SKILLS OF TOMORROW	04/06/2020	04/06/2020	1 HOUR	TECHNICAL	COMMISSION ON HIGHER EDUCATION
	ONLINE TEACHING BASICS: IMPROVING STUDENT LEARNING WHILE SAVING FACULTY TIME	04/06/2020	04/06/2020	1 HOUR	TECHNICAL	COMMISSION ON HIGHER EDUCATION
	ORIENTATION OF THE NEWLY HIRED REGULAR AND PART-TIME FACULTY MEMBERS	08/30/2018	08/31/2018	18 HOURS	TECHNICAL	VISAYAS STATE UNIVERSITY
	SEMINAR ON MARINE WILDLIFE BIODIVERSITY AND RESCUE TRAINING ON STRANDED LARGE MARINE VERTEBRATES	11/21/2014	11/21/2014	9 HOURS	TECHNICAL	MR. GONZALO ARAUJO AND OTHER LAMAVE MEMBERS

(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31.	SPECIAL SKILLS and HOBBIES	32.	NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33.	MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
	OPEN WATER DIVER		N/A		FEDERATION OF INSTITUTIONS FOR MARINE AND FRESHWATER SCIENCES (FIMFS)
	COMPUTER LITERATE				
	MS OFFICE PROFICIENT				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 12, 2021
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed,

a. within the third degree? YES NO

b. within the fourth degree (for Local Government Unit - Career Employees)? YES NO

If YES, give details: _____

35. a. Have you ever been found guilty of any administrative offense? YES NO

If YES, give details: _____

b. Have you been criminally charged before any court? YES NO

If YES, give details: _____
Date Filed: _____
Status of Case/s: _____

36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal? YES NO

If YES, give details: _____

37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector? YES NO

If YES, give details: _____

38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? YES NO

If YES, give details: _____

b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate? YES NO

If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country? _____

If YES, give details (country): _____

40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items:

a. Are you a member of any indigenous group? YES NO

If YES, please specify: _____

b. Are you a person with disability? YES NO

If YES, please specify ID No: _____

c. Are you a solo parent? _____

If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
JAYZON G. BITACURA	VISCA, BAYBAY CITY, LEYTE	91760755221
DR. ANALYN M. MAZO	VISCA, BAYBAY CITY, LEYTE	9171624920
SENONA CESAR	VISCA, BAYBAY CITY, LEYTE	9978179877



42. I declare under oath that I have personally accomplished this Personal Data Sheet which is a true, correct and complete statement pursuant to the provisions of pertinent laws, rules and regulations of the Republic of the Philippines. I authorize the agency head/authorized representative to verify/validate the contents stated herein. I agree that any misrepresentation made in this document and its attachments shall cause the filing of administrative/criminal case/s against me.

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: **PHILHEALTH I.D.**

ID/License/Passport No.: **13-250750905-7**

Date/Place of Issuance: **09-03-18/BAYBAY CITY, LEYTE**

Signature (Sign inside the box)

July 12, 2021

Date Accomplished



SUBSCRIBED AND SWORN to before me this 12TH OF JULY 2020, affiant exhibiting his/her validly issued government ID as indicated above.

Person Administering Oath