

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	GALVEZ		
FIRST NAME	LORINA	NAME EXTENSION (JR., SR) NA	
MIDDLE NAME	ACILO		
3. DATE OF BIRTH (mm/dd/yyyy)	9/26/70	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☒ by birth ☐ by naturalization P/s. indicate country:
4. PLACE OF BIRTH	Baybay Leyte	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX	☐ Male ☒ Female		
6. CIVIL STATUS	☐ Single ☒ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	Apt 25 Kilbourne Drive House/Block/Lot No. Street Visca, VSU Brg. Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province ZIP CODE 6521
7. HEIGHT (m)	1.51 m	18. PERMANENT ADDRESS	Apt 25 Kilbourne Drive House/Block/Lot No. Street Visca, VSU Brg. Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province ZIP CODE 6521
8. WEIGHT (kg)	56 kg		
9. BLOOD TYPE	"B"		
10. GSIS ID NO.	956 1207244 01 8		
11. PAG-IBIG ID NO.	913200120855	19. TELEPHONE NO.	053-5570925
12. PHILHEALTH NO.	19-000753113-7	20. MOBILE NO.	09751489080
13. SSS NO.	NA	21. E-MAIL ADDRESS (if any)	galvez3352@yahoo.com;lorina.galvez@vsu.edu.ph
14. TIN NO.	153-545-350		
15. AGENCY EMPLOYEE NO.	V000227		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Galvez	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Limuel	Kurt Nathaniel A. Galvez	1/27/91
MIDDLE NAME	Jabines	Kathleen Mae A. Galvez	1/22/93
OCCUPATION	Hog raiser/self employed	Karl John A. Galvez	4/28/95
EMPLOYER/BUSINESS NAME	NA	Kelvin Joshua A. Galvez	7/22/04
BUSINESS ADDRESS	NA		
TELEPHONE NO.	NA		
24. FATHER'S SURNAME	Acilo		
FIRST NAME	Rufino	Sr.	
MIDDLE NAME	Logo		
25. MOTHER'S MAIDEN NAME			
SURNAME	Montilla		
FIRST NAME	Victoria		
MIDDLE NAME	Paz		

(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	Baybay South Central School	Primary Education	1977	1983	Graduated	1983	Valedictorian
SECONDARY	Experimental Rural High School	High School	1983	1987	Graduated	1987	With honors
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Visayas State University	BS in Agricultural in Chemistry	1987	1992	Graduated	1992	Shouchi Yoshida
GRADUATE STUDIES	Leyte State University	MS in Food Science and Technology	19992	2002	Graduated	2002	
	University of the Phil. Los Banos	PhD in Food Science	2008	2011	Graduated	2011	DOST Scholar

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10-7-2022	CS FORM 212 (Revised 2017), Page 1 of 4
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IV. CIVIL SERVICE ELIGIBILITY					
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER SPECIAL LAWS/ CES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Date of Validity
Civil Service Eligibility (Prof)	85.13%	July 26, 1992	Tacloban City	NA	NA

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format "00-00")/ INCREMENT	STATUS OF APPOINTMENT	GOVT SERVICE (Y/N)
From	To						
01/01/2022	Present	Associate Prof. V	Visayas State University	941,460.00	SG-23	Permanent	Y
01/01/2021	12/31/2021	Associate Prof. V	Visayas State University	922,884.00	SG-23	Permanent	Y
01/01/2020	12/31/2020	Associate Prof. V	Visayas State University	904,308.00	SG-23	Permanent	Y
07/01/2019	12/31/2019	Associate Prof. V	Visayas State University	885,732.00	SG-23	Permanent	Y
1/1/19	06/30/2019	Associate Prof. IV	Visayas State University	783,628.00	SG-22	Permanent	Y
1/1/18	12/31/2018	Associate Prof. IV	Visayas State University	704,604.00	SG-22	Permanent	Y
1/1/17	12/31/2017	Associate Prof. IV	Visayas State University	633,396.00/ A	SG-22	Permanent	Y
12/31/2016	1/1/17	Assistant Prof. IV	Visayas State University	428,316.00/ A	SG-18	Permanent	Y
1/1/16	12/31/16	Assistant Prof. IV	Visayas State University	401424.00	SG-18	Permanent	Y
1/1/15	12/31/15	Assistant Prof. IV	Visayas State University	376212.00	SG-18	Permanent	Y
2/17/14	12/31/14	Assistant Prof. II	Visayas State University	322536.00	SG-16	Permanent	Y
6/1/12	2/16/14	Assistant Prof. II	Visayas State University	322536.00	SG-16	Temporary	Y
10/28/11	5/31/12	Assistant Prof. II	Visayas State University	293076.00	SG-16	Temporary	Y
6/1/11	10/27/11	Instructor III	Visayas State University	252936.00	SG-14	Temporary	Y
6/24/10	5/31/11	Instructor III	Visayas State University	229344.00	SG-14	Temporary	Y
10/1/09	6/23/10	Instructor III	Visayas State University	205764.00	SG-14	Temporary	Y
7/1/09	9/30/09	Instructor I	Visayas State University	181428.00	SG-12	Temporary	Y
7/1/08	6/30/09	Instructor I	Visayas State University	162144.00	SG-12	Temporary	Y
7/1/07	6/30/08	Instructor I	Visayas State University	147408.00	SG-12	Temporary	Y
11/1/05	6/30/07	Instructor I	Visayas State University	134004.00	SG-12	Temporary	Y
6/1/05	10/31/05	Instructor I	Visayas State University	134004.00	SG-12	Contractual	Y
6/1/04	5/31/05	Instructor I	Visayas State University	134004.00	SG-12	Temporary	Y
6/16/03	5/31/04	Instructor I	Visayas State University	134004.00	SG-12	Temporary	Y
11/14/02	4/8/03	Instructor VI	Univ. of the Philippines Mindanao	179328.00	SG-17	Temporary	Y
1/1/96	12/31/96	Sci. Res. Asst.	Visayas State College of Agriculture	82396.80	SG-9	Contractual	Y
1/1/95	12/31/95	Sci. Res. Asst.	Visayas State College of Agriculture	5,660.4/mo	SG-9	Contractual	Y
1/1/94	12/31/94	Sci. Res. Asst.	Visayas State College of Agriculture	4,460.40/mo	SG-9	Contractual	Y
1/1/93	12/31/93	Sci. Res. Asst.	Visayas State College of Agriculture	3,500.40/mo	NA	Contractual	Y
9/9/92	12/31/92	Sci. Res. Asst.	Visayas State College of Agriculture	3,500.40/mo	NA	Contractual	Y

(Continue on separate sheet if necessary)

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	NA	NA		NA

(Continue on separate sheet if necessary)

VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED	
1. Name of the program	
2. Description of the program	
3. Date of attendance	
4. Location of the program	
5. Name of the provider	
6. Name of the facilitator	
7. Name of the participant	
8. Title of the program	
9. Description of the program	
10. Date of attendance	
11. Location of the program	
12. Name of the provider	
13. Name of the facilitator	
14. Name of the participant	
15. Title of the program	
16. Description of the program	
17. Date of attendance	
18. Location of the program	
19. Name of the provider	
20. Name of the facilitator	
21. Name of the participant	
22. Title of the program	
23. Description of the program	
24. Date of attendance	
25. Location of the program	
26. Name of the provider	
27. Name of the facilitator	
28. Name of the participant	
29. Title of the program	
30. Description of the program	
31. Date of attendance	
32. Location of the program	
33. Name of the provider	
34. Name of the facilitator	
35. Name of the participant	
36. Title of the program	
37. Description of the program	
38. Date of attendance	
39. Location of the program	
40. Name of the provider	
41. Name of the facilitator	
42. Name of the participant	
43. Title of the program	
44. Description of the program	
45. Date of attendance	
46. Location of the program	
47. Name of the provider	
48. Name of the facilitator	
49. Name of the participant	
50. Title of the program	
51. Description of the program	
52. Date of attendance	
53. Location of the program	
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56. Name of the participant	
57. Title of the program	
58. Description of the program	
59. Date of attendance	
60. Location of the program	
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62. Name of the facilitator	
63. Name of the participant	
64. Title of the program	
65. Description of the program	
66. Date of attendance	
67. Location of the program	
68. Name of the provider	
69. Name of the facilitator	
70. Name of the participant	
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73. Date of attendance	
74. Location of the program	
75. Name of the provider	
76. Name of the facilitator	
77. Name of the participant	
78. Title of the program	
79. Description of the program	
80. Date of attendance	
81. Location of the program	
82. Name of the provider	
83. Name of the facilitator	
84. Name of the participant	
85. Title of the program	
86. Description of the program	
87. Date of attendance	
88. Location of the program	
89. Name of the provider	
90. Name of the facilitator	
91. Name of the participant	
92. Title of the program	
93. Description of the program	
94. Date of attendance	
95. Location of the program	
96. Name of the provider	
97. Name of the facilitator	
98. Name of the participant	
99. Title of the program	
100. Description of the program	
101. Date of attendance	
102. Location of the program	
103. Name of the provider	
104. Name of the facilitator	
105. Name of the participant	
106. Title of the program	
107. Description of the program	
108. Date of attendance	
109. Location of the program	
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113. Title of the program	
114. Description of the program	
115. Date of attendance	
116. Location of the program	
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118. Name of the facilitator	
119. Name of the participant	
120. Title of the program	
121. Description of the program	
122. Date of attendance	
123. Location of the program	
124. Name of the provider	
125. Name of the facilitator	
126. Name of the participant	
127. Title of the program	
128. Description of the program	
129. Date of attendance	
130. Location of the program	
131. Name of the provider	
132. Name of the facilitator	
133. Name of the participant	
134. Title of the program	
135. Description of the program	
136. Date of attendance	
137. Location of the program	
138. Name of the provider	
139. Name of the facilitator	
140. Name of the participant	
141. Title of the program	
142. Description of the program	
143. Date of attendance	
144. Location of the program	
145. Name of the provider	
146. Name of the facilitator	
147. Name of the participant	
148. Title of the program	
149. Description of the program	
150. Date of attendance	
151. Location of the program	
152. Name of the provider	
153. Name of the facilitator	
154. Name of the participant	
155. Title of the program	
156. Description of the program	
157. Date of attendance	
158. Location of the program	
159. Name of the provider	
160. Name of the facilitator	

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			
International Webinar and Workshop on Food Value Chain in the New Normal	10/18/2022	10/22/2022	20.0	Technical	ASEAN, MAFF & VSU
A Technology Forum on Digital Technologies during the 2022 Eastern Visayas Regional Science & Technology Week	08/26/2022	NA	8.0	Technical	DOST-8
5th International STEAM Research Congress 2022	08/30/2022	1/9/22	24.0	Technical	EVSU
4th International STEAM Research Congress	3/2/22	5/2/21	24.0	Technical	EVSU
4-days Training on Mushroom processing with GMP Awareness and Mandatory packaging and Labelling Requirements	02/22/2021	02/24/2021	24.0	Technical	DOST
Regional health Research Symposium	10/29/2020	10/30/2020	16.0	Technical	EVHRDC
Stakeholder's verification workshop for marine and Aquaculture sector	10/15/2020	NA	8.0	Technical	DOST-8
Webinar Series on intellectual property and Technology Transfer Guidelines in Securing a Fairness Opinion Report	10/13/2020	NA	3.0	Technical	DOST, PCHRD
Webinar on Product Quality and Standards Compliance Online Orientation series: FDA License to Operate (LTO) and certificate of Product Registration (CPR)	10/9/20	NA	4.0	Technical	FDA-8/DTI-8
Webinar on Food Loss and waste Reduction Amidst COVID-19 Pandemic	09/29/2020	NA	3.0	Technical	PHTRC, CAFS, UPLB
MSME's Opportunities in Craft and Manufacturing Sector	2/9/20	NA	3.0	Technical	DOST
Webinar on Role of ATP Testing in Sanitization and Disinfection	08/20/2020	NA	3.0	Technical	Glennwood
Webinar on Project Assessment and Evaluation: Lean Six Sigma	11/8/20	08/13/2020	16.0	Technical	DOST
Webinar on Overview of GMP and HACCP in the food industry	07/30/2020	NA	3.0	Technical	Glennwood
Webinar on LC Column Care & Troubleshooting	07/21/2020	NA	3.0	Technical	Shimadzu
Webinar on food safety and Overview of Environmental Monitoring program	9/7/20	NA	3.0	Technical	Glennwood
Webinar of food security challenges and opportunities under the new normal	06/30/2020	NA	3.0	Technical	Glennwood
Training Course of Food Analysis Workshop 2019-Agricultural Chemical Analysis Course	08/26/2019	08/27/2019	16.0	Technical	Shimadzu
3rd International STEAM Research Congress 2019	7/8/19	9/8/19	24.0	Technical	STEAM

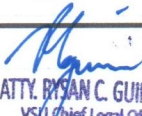
(Continue on separate sheet if necessary)

VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Cooking	NA	Phil. Society for Lactic Acid Bacteria , Inc.
Product Development		PCAARRD Scholars' Association, Inc.
		Phil. Fruit Association, Inc.
		Phil. Association of Nutrition, Inc.
		Phil. Society for Microbiology, Inc.
		Society of Fishery Technologists in Eastern Visayas
		Phil. Association of Food Technologist, Inc.
		Member International Tropical Fruits Network
		Board member, Phil. Fruits Assoc. Inc
		Lifetime member, Gamma Honor Society

(Continue on separate sheet if necessary)

SIGNATURE		DATE	10-7-2022	CS FORM 212 (Revised 2017), Page 3 of 3
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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? b. within the fourth degree (for Local Government Unit - Career Employees)?	☐ YES ☒ NO ☐ YES ☒ NO If YES, give details: _____												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	☐ YES ☒ NO If YES, give details: _____ ☐ YES ☒ NO If YES, give details: _____ Date Filed: _____ Status of Cases: _____												
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: _____ <u>Resigned from UP Mindanao due to health reason</u>												
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)? 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: _____ ☐ YES ☒ NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?	☐ YES ☒ NO 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? b. Are you a person with disability? c. Are you a solo parent?	☐ YES ☒ NO If YES, please specify: _____ ☐ YES ☒ NO If YES, please specify ID No: _____ ☐ YES ☒ NO If YES, please specify ID No: _____												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 40%;">ADDRESS</th> <th style="width: 20%;">TEL. NO.</th> </tr> </thead> <tbody> <tr> <td>Dr. Edgardo E. Tulin</td> <td>VSU, Baybay City, Leyte</td> <td>Cor3)-565-0600 Loc. 1000</td> </tr> <tr> <td>Dr. Victor B. Asio</td> <td>CAFS, VSU, Baybay City, Leyte</td> <td>Cor3)-565-0600 Loc. 1083</td> </tr> <tr> <td>Dr. Maria Juliet C. Ceniza</td> <td>OVPREI, VSU, Baybay City, Leyte</td> <td>Cor3)-565-0600 Loc. 1116</td> </tr> </tbody> </table>		NAME	ADDRESS	TEL. NO.	Dr. Edgardo E. Tulin	VSU, Baybay City, Leyte	Cor3)-565-0600 Loc. 1000	Dr. Victor B. Asio	CAFS, VSU, Baybay City, Leyte	Cor3)-565-0600 Loc. 1083	Dr. Maria Juliet C. Ceniza	OVPREI, VSU, Baybay City, Leyte	Cor3)-565-0600 Loc. 1116
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Dr. Maria Juliet C. Ceniza	OVPREI, VSU, Baybay City, Leyte	Cor3)-565-0600 Loc. 1116											
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.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)</td> </tr> <tr> <td colspan="2">PLEASE INDICATE ID Number and Date of Issuance</td> </tr> <tr> <td>Government Issued ID:</td> <td>GSIS UMIDcard-CRN-006-0086-5965-1</td> </tr> <tr> <td>ID/License/Passport No.:</td> <td>Passport- P0002279C</td> </tr> <tr> <td>Date/Place of Issuance:</td> <td>05-11-2022/DFA Tacloban City</td> </tr> </table>	Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)		PLEASE INDICATE ID Number and Date of Issuance		Government Issued ID:	GSIS UMIDcard-CRN-006-0086-5965-1	ID/License/Passport No.:	Passport- P0002279C	Date/Place of Issuance:	05-11-2022/DFA Tacloban City	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; height: 100px;">  Signature (Sign inside the box) <u>10-7-2022</u> Date Accomplished </td> </tr> </table>	 Signature (Sign inside the box) <u>10-7-2022</u> Date Accomplished	
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Date/Place of Issuance:	05-11-2022/DFA Tacloban City												
 Signature (Sign inside the box) <u>10-7-2022</u> Date Accomplished													
SUBSCRIBED AND SWORN to before me this <u>13 OCT 2022</u>, affiant exhibiting his/her validly issued government ID as indicated above.  ATTY. RYSAN C. GUINOCOR VSU Chief Legal Officer Person Administering Oath  LORINA A. GALVEZ  Right Thumbmark													