

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	PRADERA		
FIRST NAME	CARL LEONARD	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	PRADERA		
3. DATE OF BIRTH (mm/dd/yyyy)	2/16/1994	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	TAGBILARAN CITY, BOHOL	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 checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	Mabolo Men's Dormitory N/A House/Block/Lot No. Street Visayas State University Pangasugan Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	1.74	ZIP CODE	6521-A
8. WEIGHT (kg)	76		
9. BLOOD TYPE	"O"	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A Ubojan Subdivision/Village Barangay Loon Bohol City/Municipality Province
10. GSIS ID NO.	CRN 021-1885-5566-7	ZIP CODE	6327
11. PAG-IBIG ID NO.	121190459374		
12. PHILHEALTH NO.	13-000122725-5	19. TELEPHONE NO.	N/A
13. SSS NO.	N/A	20. MOBILE NO.	09755185354
14. TIN NO.	001-394-498	21. E-MAIL ADDRESS (if any)	carl.pradera@vsu.edu.ph
15. AGENCY EMPLOYEE NO.	V00936		


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	N/A	N/A
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PRADERA			
FIRST NAME	LEONARDO	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	GUTIEREZ			
25. MOTHER'S MAIDEN NAME				
SURNAME	MONREAL			
FIRST NAME	CARMELITA			
MIDDLE NAME	CORITICO		(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 GRADUATE D	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	CANIGAAAN UBOJAN ELEMENTARY SCHOOL	DIPLOMA	6/1/2000	4/31/2006	N/A	2006	VALEDICTORIAN
SECONDARY	SANDINGAN NATIONAL HIGH SCHOOL	DIPLOMA	6/1/2006	4/31/2010	N/A	2010	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	None
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MEDICINE	6/1/2010	04/13/2016	N/A	N/A	None
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	None
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	None

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 17, 2021
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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
	VETERINARY MEDICINE LICENSURE EXAM	0.8	Aug. 23-25, 2016	CAGAYAN DE ORO CITY	8888	2/16/2022

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

8/15/1990

SIGNATURE		DATE	July 17, 2021
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29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	PHILIPPINE VETERINARY MEDICAL ASSOCIATION (PVMA)	1/9/2016	Lifetime	Lifetime	MEMBER
	PHILIPPINE ASSOCIATION OF LABORATORY ANIMAL SCIENCE (PALAS)	5/24/2018	5/24/2019	1 YEAR	MEMBER
	PHILIPPINE SOCIETY OF ANIMAL SCIENCE (PSAS)	10/18/2018	10/18/2019	1 YEAR	MEMBER
	MABOLO MEN'S DORMITORY, VISAYAS STATE UNIVERSITY	10/1/2018	PRESENT	approx 1 YEAR	ASSISTANT ADVISER
	VENERABLE KNIGHTS AND LADY VETERINARIAN FRATERNITY AND SORORITY	8/1/2017	PRESENT	2 YEARS	ADVISER
	VISAYAS STATE UNIVERSITY CREDIT COOPERATIVE	6/17/2019	LIFETIME	LIFETIME	MEMBER
	VISAYAS STATE UNIVERSITY FACULTY ASSOCIATION	9/6/2016	LIFETIME	LIFETIME	MEMBER

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)













[illegible]

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		Philippine Veterinary Medical Association
Playing table tennis		Phil. Association of Lab Animal Science
		Phil. Society of Animal Science
		VSU - Credit Cooperative
		VSU- Faculty Association

SIGNATURE		DATE	July 17, 2020
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July 17, 2020

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)?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)? 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____												
39. Have you acquired the status of an immigrant or permanent resident of another country?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: <u>None yet</u>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)														
<table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Dr. Eugene Lañada</td><td>Visca, Baybay, Leyte</td><td>9176341472</td></tr><tr><td>Dr. Lotis Balala</td><td>Visca, Baybay, Leyte</td><td>9359680818</td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>			NAME	ADDRESS	TEL. NO.	Dr. Eugene Lañada	Visca, Baybay, Leyte	9176341472	Dr. Lotis Balala	Visca, Baybay, Leyte	9359680818			
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Dr. Lotis Balala	Visca, Baybay, Leyte	9359680818												
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><tr><td>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</td></tr><tr><td>Government Issued ID: PRC ID</td></tr><tr><td>ID/License/Passport No.: 8888</td></tr><tr><td>Date/Place of Issuance: 09/2/2016/PRC-Tacloban</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: PRC ID	ID/License/Passport No.: 8888	Date/Place of Issuance: 09/2/2016/PRC-Tacloban	<table><tr><td> Signature (Sign inside the box)</td></tr><tr><td>July 17, 2020 Date Accomplished</td></tr></table>	 Signature (Sign inside the box)	July 17, 2020 Date Accomplished						
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		<table><tr><td> PHOTO</td></tr><tr><td> Right Thumbmark</td></tr></table>	 PHOTO	 Right Thumbmark										
 PHOTO														
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SUBSCRIBED AND SWORN to before me this <u>27 JUL 2020</u> , affiant exhibiting his/her validly issued government ID as indicated above.														
<table><tr><td> ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath</td></tr></table>			 ATTY. RYSAN C. GUINOCOR VSU LEGAL OFFICER Person Administering Oath											
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