

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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	RABE		
FIRST NAME	SHIELA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	ROMERO		
3. DATE OF BIRTH (mm/dd/yyyy)	11/15/1986	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	HILONGOS, LEYTE	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6. CIVIL STATUS	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	
7. HEIGHT (m)	1.5		House/Block/Lot No. Street GABAS
8. WEIGHT (kg)	47		Subdivision/Village Barangay BAYBAY CITY LEYTE
9. BLOOD TYPE	A+		City/Municipality Province
10. GSIS ID NO.	021151596653	18. PERMANENT ADDRESS	
11. PAG-IBIG ID NO.	914266030838		House/Block/Lot No. Street NEVADO ST.
12. PHILHEALTH NO.			Subdivision/Village Barangay BUNG-AW
13. SSS NO.	06-3536178-7		City/Municipality Province HILONGOS LEYTE
14. TIN NO.	441-930-084	19. TELEPHONE NO.	
15. AGENCY EMPLOYEE NO.		20. MOBILE NO.	
		21. E-MAIL ADDRESS (if any)	

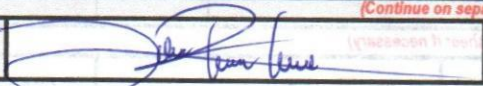
II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	RABE		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JOEVEMAR	NAME EXTENSION (JR., SR)	JOELIANE ALIESHA R. RABE	8/3/2015
MIDDLE NAME	PAYAG			
OCCUPATION	PHILIPPINE NAVY-MARINES			
EMPLOYER/BUSINESS NAME	PHILIPPINE NAVY-MARINES			
BUSINESS ADDRESS	FORT BONIBACIO TAGUIG			
TELEPHONE NO.				
24. FATHER'S SURNAME	ROMERO			
FIRST NAME	RAMON	NAME EXTENSION (JR., SR)		
MIDDLE NAME	MEJIA			
25. MOTHER'S MAIDEN NAME				
SURNAME	NAVARROZA			
FIRST NAME	ELESIA			
MIDDLE NAME	DELLERA			

(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	BUNG-AW ELEM. SCHOOL		6/1/1993	5/3/2000		2000	3RD HONOR
SECONDARY	BUNG-AW NATIONAL HS		6/6/2000	5/4/2004		2004	VALEDICTORIAN
VOCATIONAL / TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	DOCTOR OF VETERINARY MEDICINE	6/7/2004	5/3/2013		2013	
GRADUATE STUDIES	UNIVERSITY OF THE PHILIPPINES LOS BAÑOS	MS VETERINARY MEDICINE MAJOR IN PHYSIOLOGY	03/13/2016	PRESENT	27 UNITS		CHED Kto 12 Transition scholarship

SIGNATURE		DATE	January 03, 2019	CS FORM 212 (Revised 2017), Page 1 of 4
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IV. CIVIL SERVICE ELIGIBILITY

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

[illegible]

(Continue on separate sheet if necessary)

SIGNATURE

DATE _____

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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION

29.	NAME & ADDRESS OF ORGANIZATION (Write in full)	INCLUSIVE DATES (mm/dd/yyyy)		NUMBER OF HOURS	POSITION / NATURE OF WORK
		From	To		
	Venerable Lady Veterinarians Sorority	9/7/2008	Present		Secretary

(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			
	Training on Standardization of Technique in Hypobiosis and Histopathology	03/19/2013	03/22/2013	24.0	Technical	CVM-VSU-PCAARRD
	Seminar-workshop on the implementation of outcomes-based education (OBE)	5/4/2015	5/5/2015	16.0	Technical	VSU
	12th General Assembly of NRCP Visayas Regional Cluster Training Workshop on Writing and Presenting Proposal Towards Building Science Culture in Eastern Visayas	05/15/2015	05/15/2015	8.0	Technical	NRCP
	Training Workshop on writing and presenting proposals towards building science culture in the Visayas	10/1/2015	10/2/2015	16.0	Technical	NAST-VSU
	Seminar Workshop on Advanced Concept on Animal Welfare	12/15/2015	12/15/2015	8.0	Technical	World Animal Protection
	1st Philippine Society of Biochemistry and Molecular Biology (PSBMB)-Visayas Chapter Symposium	01/15/2016	01/15/2016	8.0	Technical	PSBMB
	Workshop on Preparation for AACUP Level III, Phase I Accreditation Using the New Outcomes Based Program Survey Instrument	06/13/2016	06/14/2016	16.0	Technical	VSU
	Forum in Mainstreaming Gender in Higher OInstitution in Regions VIII: Opportunities and Challenges	06/16/2016	06/17/2016	16.0	Technical	CHED
	84th National Philippine Veterinary Medical Association Convention	02/21/2017	02/24/2017	24.0	Technical	PVMA National
	Seminar on Guidelines for giving of continuing professional development (CPD) points to veterinarians	11/29/2017	11/29/2017	2.0	Technical	CVM-UPLB
	Laboratory Animal Workshop	4/27/2018	4/27/2018	8.0	Technical	UP Diliman
	30th Philippine Association for Laboratory Animal Science (PALAS) Conference	05/24/2018	05/25/2018	16.0	Technical	PALAS

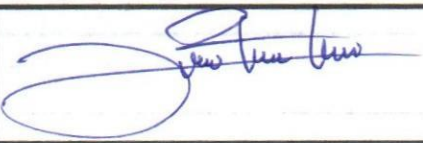
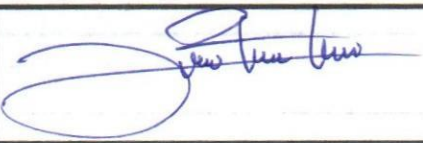
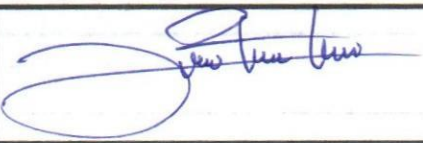



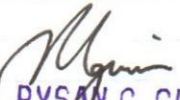
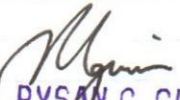
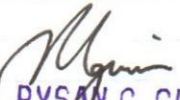
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VIII. OTHER INFORMATION

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
					Philippine Society of Biochemistry and Molecular Biology
					VSU-Faculty and Staff Association
					Philippine Association of Laboratory Animal Science

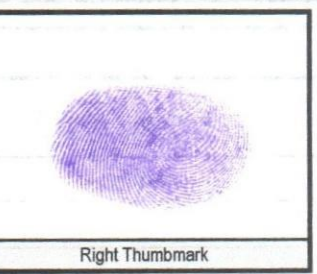
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34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<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: _____									
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)										
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>ANA MARQUIZA M. QUILICOT</td><td>BILAR, BOHOL</td><td>563-7071</td></tr><tr><td>TOMAS J. FERNANDEZ, JR.</td><td>ORMOC CITY</td><td>9369561924</td></tr></table>		NAME	ADDRESS	TEL. NO.	ANA MARQUIZA M. QUILICOT	BILAR, BOHOL	563-7071	TOMAS J. FERNANDEZ, JR.	ORMOC CITY	9369561924
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ANA MARQUIZA M. QUILICOT	BILAR, BOHOL	563-7071								
TOMAS J. FERNANDEZ, JR.	ORMOC CITY	9369561924								
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 cases 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.: 0008121</td></tr><tr><td>Date/Place of Issuance: PRC TACLOBAN 10/02/2013</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.: 0008121	Date/Place of Issuance: PRC TACLOBAN 10/02/2013	<table><tr><td></td></tr><tr><td>Signature (Sign inside the box)</td></tr><tr><td>January 3, 2019</td></tr><tr><td>Date Accomplished</td></tr></table>		Signature (Sign inside the box)	January 3, 2019	Date Accomplished	
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Right Thumbmark										
SUBSCRIBED AND SWORN to before me this <u>JAN 08 2019</u> , affiant exhibiting his/her validly issued government ID as indicated above.										
<table><tr><td></td></tr><tr><td>ATTY. RYSAN C. GUINOCOR</td></tr><tr><td>VSU LEGAL OFFICER</td></tr><tr><td>Person Administering Oath</td></tr></table>			ATTY. RYSAN C. GUINOCOR	VSU LEGAL OFFICER	Person Administering Oath					
										
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SHIELA N. ROMEKORABE
PHOTO



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