

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)

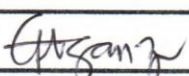
PERSONAL INFORMATION			
2. SURNAME	BRAGANZA		
FIRST NAME	TEODORA DORIS	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PORE		
3. DATE OF BIRTH (mm/dd/yyyy)	12/15/1965	16. CITIZENSHIP	<input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> by birth <input type="checkbox"/> by naturalization Pls. indicate country:
4. PLACE OF BIRTH	POBLACION, ALBUERA LEYTE	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 type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other/s:		
7. HEIGHT (m)	149CM	17. RESIDENTIAL ADDRESS	House/Block/Lot No. Street APT 44 VSU PANGASUGAN Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
8. WEIGHT (kg)	65KG	ZIP CODE	6521
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A POBLACION Subdivision/Village Barangay ALBUERA LEYTE City/Municipality Province
10. GSIS ID NO.	65121502261	ZIP CODE	6542
11. PAG-IBIG ID NO.	1700-0024-3613		
12. PHILHEALTH NO.	13-000014502-6		
13. SSS NO.	0629175426	19. TELEPHONE NO.	(053) 563-7431
14. TIN NO.	140-031-755	20. MOBILE NO.	0933-6647028
15. AGENCY EMPLOYEE NO.	V000115	21. E-MAIL ADDRESS (if any)	teodoradorisbraganza@gmail.com

II. FAMILY BACKGROUND				
22. SPOUSE'S SURNAME	BRAGANZA		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JORGE	NAME EXTENSION (JR., SR)	JORGE BERNARD P. BRAGANZA	8/26/1993
MIDDLE NAME	ANGUS		JORIS DELL P. BRAGANZA	9/27/1997
OCCUPATION	RETIRED GOVERNMENT EMPLOYEE			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	(053) 563-7431			
24. FATHER'S SURNAME	PORE			
FIRST NAME	MIGUEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	HORCA			
25. MOTHER'S MAIDEN NAME	PORE			
SURNAME	GENCIANUS			
FIRST NAME	GABINA			
MIDDLE NAME	SENO			
(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	ALBUERA CENTRAL SCHOOL	PRIMARY	1972	1978	PRIMARY	1978	N/A
SECONDARY	ALBUERA MUNICIPAL HIGHSCHOOL	SECONDARY	1978	1982	SECONDARY	1982	N/A
VOCATIONAL / TRADE COURSE	UNIVERSITY OF THE VISAYAS	JUNIOR SECRETARIAL	1982	1984	JS	1984	N/A
COLLEGE	UNIVERSITY OF THE VISAYAS	BACHELOR SCIENCE IN NURSING	1985	1989	BSN	1989	N/A
GRADUATE STUDIES	WESTERN LEYTE COLLEGE	MASTER OF ARTS IN NURSING	2016	PRESENT	9 UNITS	PRESENT	N/A

SIGNATURE		DATE	
		04/26/2017	



IV. CIVIL SERVICE ELIGIBILITY								
27.	CAREER SERVICE/ RA 1080 (BOARD/ BAR) OR 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		
	NURSING LICENSURE EXAMINATION	75%	12/28/1990	MANILA	0182520 2018			
(Continue on separate sheet if necessary)								
V. WORK EXPERIENCE								
Include entire employment. Start and end month and year of employment should be indicated in the attached Form 15 separate 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						
	01/01/2017	PRESENT	NURSE III	VISAYAS STATE UNIVERSITY NATIONAL	33,518.00	N/A	PERMANENT	YES
	01/01/2016	12/31/2016	NURSE III	VISAYAS STATE UNIVERSITY NATIONAL	31,536.00	N/A	PERMANENT	YES
	07/01/2015	12/31/2015	NURSE III	VISAYAS STATE UNIVERSITY NATIONAL	29,671.00	N/A	PERMANENT	YES
	07/01/2012	06/30/2015	NURSE III	VISAYAS STATE UNIVERSITY NATIONAL	29,348.00	N/A	PERMANENT	YES
	06/01/2012	06/30/2012	NURSE III	VISAYAS STATE UNIVERSITY NATIONAL	29,028.00	N/A	PERMANENT	YES
	06/01/2011	05/31/2012	NURSE III	VISAYAS STATE UNIVERSITY NATIONAL	26,292.00	N/A	PERMANENT	YES
	06/24/2010	05/31/2011	NURSE III	VISAYAS STATE UNIVERSITY NATIONAL	23,555.00	N/A	PERMANENT	YES
	07/01/2009	06/23/2010	NURSE III	VISAYAS STATE UNIVERSITY NATIONAL	20,819.00	N/A	PERMANENT	YES
	07/01/2008	06/30/2009	PUBLIC HEALTH NURSE I	VISAYAS STATE UNIVERSITY NATIONAL	13,850.00	N/A	PERMANENT	YES
	08/16/2007	06/30/2008	PUBLIC HEALTH NURSE I	VISAYAS STATE UNIVERSITY NATIONAL	12,591.00	N/A	PERMANENT	YES
	07/01/2007	08/15/2007	PUBLIC HEALTH NURSE I	VISAYAS STATE UNIVERSITY NATIONAL	12,284.00	N/A	PERMANENT	YES
	08/16/2004	06/30/2007	PUBLIC HEALTH NURSE I	LEYTE STATE UNIVERSITY NATIONAL	11,167.00	N/A	PERMANENT	YES
	01/01/2004	08/15/2004	PUBLIC HEALTH NURSE I	LEYTE STATE UNIVERSITY NATIONAL	11,166.98	N/A	PERMANENT	YES
	01/01/2003	12/31/2003	PUBLIC HEALTH NURSE I	LEYTE STATE UNIVERSITY NATIONAL	11,166.99	N/A	CASUAL	YES
	07/01/2001	12/31/2002	PUBLIC HEALTH NURSE I	VISCA NATIONAL	11,166.100	N/A	CASUAL	YES
	01/01/2001	06/30/2001	PUBLIC HEALTH NURSE I	VISCA NATIONAL	10,635.02	N/A	CASUAL	YES
	01/01/2000	12/31/2000	PUBLIC HEALTH NURSE I	VISCA NATIONAL	10,635.03	N/A	CASUAL	YES
	01/01/1999	12/31/1999	PUBLIC HEALTH NURSE I	VISCA NATIONAL	9,667.9	N/A	CASUAL	YES
	01/01/1998	12/31/1998	PUBLIC HEALTH NURSE I	VISCA NATIONAL	9,667.10	N/A	CASUAL	YES
	11/01/1997	12/31/1997	PUBLIC HEALTH NURSE I	VISCA NATIONAL	9,667.11	N/A	CASUAL	YES
	07/01/1997	10/31/1997	PUBLIC HEALTH NURSE I	VISCA NATIONAL	8,118.00	N/A	CASUAL	YES
	01/01/1997	06/30/1997	PUBLIC HEALTH NURSE I	VISCA NATIONAL	8,118.00	N/A	CASUAL	YES
	07/01/1996	12/31/1996	PUBLIC HEALTH NURSE I	VISCA NATIONAL	6,568.10	N/A	CASUAL	YES
	01/01/1996	06/30/1996	PUBLIC HEALTH NURSE I	VISCA NATIONAL	6,568.11	N/A	CASUAL	YES
	01/01/1995	12/31/1995	PUBLIC HEALTH NURSE I	VISCA NATIONAL	5,239.96	N/A	CASUAL	YES
	01/01/1994	12/31/1994	PUBLIC HEALTH NURSE I	VISCA NATIONAL	4,239.84	N/A	CASUAL	YES
	12/17/1991	12/31/1993	PUBLIC HEALTH NURSE I	VISCA NATIONAL	3,539.80	N/A	CASUAL	YES
(Continue on separate sheet if necessary)								
SIGNATURE					DATE		04/26/2017	



# VI. VOLUNTARY WORK OR INVOLVEMENT IN LOCAL / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATIONS

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

Enter 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

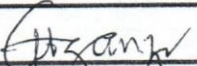
30.	TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)	INCLUSIVE DATES OF ATTENDANCE (mm/dd/yyyy)		NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)
		From	To			
	(OFFICE OF VICE PRESIDENT FOR ADMINISTRATION AND FINANCE) STRATEGIC PLANNING WORKSHOP	02/15/2017	02/16/2017	16	N/A	N/A
	PROJECT IMPLEMENTATION REVIEW	12/17/2016	12/18/2016	16	N/A	LION FOUNDATION, INCORPORATED REGI
	HIV IN THE WORKPLACE SEMINAR	12/09/2016	12/09/2016	8	N/A	N/A
	DIALOGUE/MEETING WITH INFIRMARY FACILITIES KEY PERSONNEL	10/11/2016	10/12/2016	16	N/A	DEPARTMENT OF HEALTH, REGION 8
	WRITESHOP ON INSTITUTIONAL OF HOSPITAL DOTS MECHANISM	07/27/2016	07/27/2016	8	N/A	N/A
	HOSPITAL-BASED TB DOTS MANAGEMENT TRAINING	10/21/2015	10/23/2015	24	N/A	LION FOUNDATION, INCORPORATED REGI
	PROJECT ORIENTATION-PLANNING AND ORGANIZATIONAL DEVELOPMENT (HOSPITAL-BASED TB DOTS) TRAINING WORKSHOP	10/14/2015	10/16/2015	24	N/A	LION FOUNDATION, INCORPORATED REGI
	UNIFIED DISEASE REGISTRY SYSTEMS TRAINING	06/08/2015	06/11/2015	32	N/A	DEPARTMENT OF HEALTH, REGION 8
	CONSULTATIVE WORKSHOP ON THE REVIEW AND REVISION OF STANDARD OPERATING PROCEDURES AND POLICIES IN THE NURSING SERVICES	05/28/2015	05/29/2015	16	N/A	DEPARTMENT OF HEALTH, REGION 8
	ENVIRONMENTAL HEALTH SANITATION	02/07/2013	02/08/2013	16	N/A	LOCAL GOVERNMENT UNIT OF BAYBAY CITY
	BASIC LIFE SUPPORT TRAINING HEALTH CARE PROVIDERS	11/28/2012	12/02/2012	40	N/A	DEPARTMENT OF HEALTH, REGION 8

(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)
	STENO		N/A		N/A
	TYPING		N/A		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/26/2017
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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 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)?  
  
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)


NAME	ADDRESS	TEL. NO.
DR. ALICIA TUGONON	ORMOC CITY	
DR. ROSA MENESESS	ALBUERA LEYTE	
HON. SIXTO DELA VICTORIA	ALBUERA LEYTE	

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.



TEODORA DORIS P. BRAGANZA

PHOTO



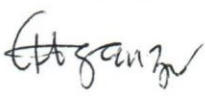
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Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)  
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC

ID/License/Passport No.: 0182520

Date/Place of Issuance: MANILA



Signature (Sign inside the box)

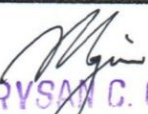
4/26/2017

Date Accomplished

SUBSCRIBED AND SWORN to before me this 

APR 27 2017

, affiant exhibiting his/her validly issued government ID as indicated above.



ATTY. RYSAN C. GUINOCOR

NOTARY PUBLIC

UNTIL DECEMBER 31, 2017

Person Administering Oath

PTR 0195859 - BAYBAY LEYTE - 4/12/17

IBP 1030424 - TAGLUBAN CITY - 12/19/16

MCLE COMP. NO. V-0005820-07/20/15

ROLL OF ATTORNEYS NO. 57467

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