

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	PORTUGALIZA			
FIRST NAME	HARVIE		NAME EXTENSION (JR., SR)	
MIDDLE NAME	POTOT			
3. DATE OF BIRTH (mm/dd/yyyy)	12/13/1988	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	CABUCGAYAN, LEYTE	If holder of dual citizenship, please indicate the details.		
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	N/A N/A House/Block/Lot No. Street N/A LANGGAO Subdivision/Village Barangay CABUCGAYAN BILIRAN City/Municipality Province 6550	
7. HEIGHT (m)	1.65	18. PERMANENT ADDRESS	N/A N/A House/Block/Lot No. Street N/A LANGGAO Subdivision/Village Barangay CABUCGAYAN BILIRAN City/Municipality Province 6550	
8. WEIGHT (kg)	70		ZIP CODE	
9. BLOOD TYPE	O+			
10. GSIS ID NO.	2004263908			
11. PAG-IBIG ID NO.	121091926328			
12. PHILHEALTH NO.	13-000106476-3			
13. SSS NO.	N/A	19. TELEPHONE NO.	NA	
14. TIN NO.	414-325-802	20. MOBILE NO.	09151103361	
15. AGENCY EMPLOYEE NO.	V00762	21. E-MAIL ADDRESS (if any)	hportugaliza@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	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	PORTUGALIZA			
FIRST NAME	TEODORO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	RONQUILLO			
25. MOTHER'S MAIDEN NAME				
SURNAME	POTOT			
FIRST NAME	DAMIANA			
MIDDLE NAME	ANCHOVAS		(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	Langgao Elementary School	N/A	6/1/1995	3/1/2001	N/A	2001	Valedictorian

SECONDARY	Leyte National High School	N/A	6/1/2001	3/1/2005	N/A	2005	Salutatorian
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Visayas State University	Doctor of Veterinary Medicine	6/1/2005	4/1/2011	DVM	2011	Cum laude
GRADUATE STUDIES	Institute of Tropical Medicine Antwerp	MSc in Tropical Animal Health	7/1/2013	7/1/2014	Master	2014	Belgian DGD
GRADUATE STUDIES	ISGlobal-University of Barcelona	PhD in Trans Global Health	2/1/2017	Present	N/A	N/A	Erasmus Mundus
(Continue on separate sheet if necessary)							
SIGNATURE				DATE	April 21, 2017		

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
	VETERINARIAN LICENSURE EXAMINATION	85.4	08/1-3/2011	Manuel L. Quezon University, Manila	7738	12/13/2020
	CSC CERTIFICATE OF ELIGIBILITY PD# 907	N/A	04/20/2011	VSU, BAYBAY CITY, LEYTE	100108110208	N/A

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

[illegible]

SIGNATURE		DATE	April 21, 2017
-----------	---	------	----------------

VI. VOLUNTARY WORK OR INVOLVEMENT IN LOCAL / 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		
	Philippine Veterinary Medical Association, Eastern Visayas	10/14/2011	Present	2 hrs/month	Veterinary Surgeon/ Secretary/ BOD

(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 of Trainers on Meat and Dairy Goat Production Technologies	11/4/2016	04/15/2016	40.0	Technical & Supervisory	Agricultural Training Institute
	Training on Harnessing AEWs Capacities on Animal Health Care	03/15/2016	03/17/2016	24.0	Technical & Supervisory	Agricultural Training Institute
	Seminar-Workshop on Advanced Concepts in Animal Welfare	12/15/2015	12/15/2015	8.0	Technical	World Animal Protection
	Workshop in Research Proposal Writing on Livestock and Fisheries Biotechnology	08/26/2015	08/29/2015	40.0	Technical & Supervisory	National Research Council of the Philippines
	Workshop in Experimental Designs and Analyses	2/6/2015	4/6/2015	40.0	Technical	Philippine Statistical Association
	Training for the Standardization of Technique in Hypobiosis and Histopathology	03/19/2012	03/22/2012	24.0	Technical	Visayas State University and DOST-PCAARRD
	Workshop in Writing and Reviewing Research Papers for Peer Reviewed Publications	1/10/2012	5/10/2012	40.0	Technical	Annals of Tropical Research, Visayas State University
	Quick Spay and Neuter Training Program	6/8/2012	08/21/2012	120.0	Technical	Humane Society International

(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
	Computer and Statistical Program Operations		N/A		EpiCore
					Philippine Society of Biochemistry and
					National Research Council of the Philippines
					Philippine Veterinary Medical Association
					Philippine Society of Animal Science
					Veterinary Practitioners Association of the
					Philippine Statistical Association-CV

(Continue on separate sheet if necessary)

SIGNATURE		DATE	April 21, 2017
------------------	---	-------------	-----------------------

34. Are you related by consanguinity or affinity 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)		
NAME	ADDRESS	TEL. NO.
Dr. Eugene B. Lañada	College of Veterinary Medicine, Visayas State University	563-7071
Dr. Tomas J. Fernandez, Jr.	College of Veterinary Medicine, Visayas State University	563-7071

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.



HARVIE F. PORTUGALIZA

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance	
Government Issued ID:	Passport
ID/License/Passport No.:	EC6583219
Date/Place of Issuance:	Feb 7, 2016 / DFA Tacloban

Signature (Sign inside the box)	
April 21, 2017	
Date Accomplished	



SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.	
<div> </div> <div>Person Administering Oath</div>	