

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	DUMAGUING		
FIRST NAME	MARIE NIÑA	NAME EXTENSION (JR., SR)	
MIDDLE NAME	PRADO		
3. DATE OF BIRTH (mm/dd/yyyy)	7/2/1987	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	TERESA, RIZAL	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	N/A SITIO HINUBIGON House/Block/Lot No. Street N/A SAN ISIDRO Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.58 m	ZIP CODE	6521
8. WEIGHT (kg)	68kg		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	N/A SITIO HINUBIGON House/Block/Lot No. Street N/A SAN ISIDRO Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province
10. GSIS ID NO.	2005690528	ZIP CODE	6521
11. PAG-IBIG ID NO.	121231783813		
12. PHILHEALTH NO.	130251242683		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	730908460000	20. MOBILE NO.	09233747251
15. AGENCY EMPLOYEE NO.	10240 N/A	21. E-MAIL ADDRESS (if any)	mcabrielleber123@gmail.com

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	DUMAGUING		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	MARK	NAME EXTENSION (JR., SR)	MCALENEIL P. DUMAGUING	8/4/2007
MIDDLE NAME	MANIGO		MCABRIELLE P. DUMAGUING	04/21/2012
OCCUPATION	NURSE		MCAEMBER P. DUMAGUING	12/11/2016
EMPLOYER/BUSINESS NAME	N/A		MCANUARIE P. DUMAGUING	01/13/2022
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	PRADO			
FIRST NAME	CORNELIO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	DANIELES			
25. MOTHER'S MAIDEN NAME				
SURNAME	LOPEZ			
FIRST NAME	EMIRA			
MIDDLE NAME	BAUTISTA		(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	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	PRIMARY	1994	2000	N/A	2000	N/A
SECONDARY	FRANCISCAN COLLEGE OF THE IMMACULATE CONCEPTION	HIGH SCHOOL	2000	2004	N/A	2004	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	CEBU DOCTORS' UNIVERSITY	BACHELOR OF SCIENCE IN NURSING	2004	2011	N/A	2011	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/24/2025
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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
	<b>PHILIPPINE NURSES LICENSURE EXAMINATION RA 1080</b>	<b>79.60%</b>	<b>JUNE 3-4, 2018</b>	<b>UNIVERSITY OF CEBU-MAIN CAMPUS</b>	<b>0907982</b>	<b>07/02/2027</b>
	<b>NON-PROFESSIONAL DRIVER'S LICENSE</b>	<b>N/A</b>	<b>11/04/2015</b>	<b>BAYBAY CITY</b>	<b>H12-002918</b>	<b>07/02/2033</b>

#### V. WORK EXPERIENCE

28.	INCLUSIVE DATES (mm/dd/yyyy)	POSITION TITLE	DEPARTMENT / AGENCY / OFFICE / COMPANY	MONTHLY	SALARY / JOB / PAY GRADE (#)	STATUS OF	GOV'T SERVICE
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[illegible]

SIGNATURE	<i>Nina L. L. L.</i>	DATE	02/24/2025
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[illegible]

VII. LEARNING AND DEVELOPMENT (L&amp;D) INTERVENTIONS/TRAINING PROGRAMS ATTENDED

[illegible]

XIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
MS OFFICE APPLICATION	N/A	PHILIPPINE NURSES' ASSOCIATION
MS EXCEL		
MS WORD		
INTERNET NAVIGATION		
SOCIAL MEDIA AND EMAIL SYSTEM		

(Continue on separate sheet if necessary)

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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details: _____ END OF TERM
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.
SUZETTE B. ARCILLAS RN	PALO LEYTE	9061774049
JEROME B. PROFETANA	BAYBAY LEYTE	9778121008
ANN RHEA A. CELAYA	BAYBAY LEYTE	9700359601

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.



MARIE NINA P. DUMAGUING

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.:	0907682
Date/Place of Issuance:	07/11/2018 TACLOBAN LEYTE

Signature (Sign inside the box)	
02/24/2025	
Date Accomplished	



SUBSCRIBED AND SWORN to before me this 14 MAR 2025, affiant exhibiting his/her validly issued government ID as indicated above.

ATTY. KAREN ABEGAIL S. MONTERON  
VSU Director, Legal Affairs and Services  
Person-Administering Oath



## WORK EXPERIENCE SHEET

**Instructions:** 1. Include only the work experiences relevant to the position being applied to.

2. The duration should include start and finish dates, if known, month in abbreviated form, if known, and year in full. For the current position, use the word Present, e.g., 1998-Present. Work experience should be listed from most recent first.

- Duration: August 12, 2024 - present
- Position: Affiliate Clinical Instructor
- Name of Office/Unit: College of Nursing
- Immediate Supervisor: CHRISTIAN VIE P. BALDONADO, RN, MAN
- Name of Agency/Organization and Location: VISAYAS STATE UNIVERSITY

- List of Accomplishments and Contributions (if any)

- **Prepare learning materials for health education and clinical rotation and apply knowledge of physical, social, health sciences and humanities in the practice of nursing;**

- Summary of Actual Duties

- Prepare learning materials and conduct classes as scheduled.
- Employ varied teaching strategies to enhance the student learning
- Apply/conduct applicable modes of assessment of student learning
- Maintain an updated and orderly class record of all classes handled
- Conducted orientation on the first day
- Checked completeness of requirements (uniform, paraphernalia) before the start of every shift
- Delegated patient loading to student nurses during patient audit
- Performed individual revalidation with the students
- Conducted demonstration and individual return demonstrations on assigned skills
- Attended student's queries even outside class schedules
- Evaluated and provided feedbacks on students daily requirements
- Supervised, monitored, demonstrated and evaluated return demonstrations of nursing procedures conducted during the course of duty
- Conduct examinations and other appropriate performance assessment tasks, and give relevant assignments and other course requirements
- Assisted student nurses in selecting a case for case conference
- Conducted case presentation and provide relevant suggestions and recommendations for the improvement of their case study
- Compute and submit grades and turn over of class records to the Department head on or before the deadline of grade submission.

- Duration: March 20, 2023 - September 30, 2023
- Position: Vaccinator Nurse
- Name of Office/Unit: Relief International Incorporated
- Immediate Supervisor: CHIRADEE R. CLARIDAD, RN



- Name of Agency/Organization and Location: CITY HEALTH OFFICE

- List of Accomplishments and Contributions (if any)
  - **Prepare and submit daily accomplishment on vaccinated target eligibility population using standard;**
- Summary of Actual Duties
  - Primarily vaccinate the target eligible population for the routine immunization including target population for the MR OPV SIA campaign and the COVID-19 vaccination;
  - Support the social mobilization through conduct health education of COVID-19 prevention and control;
  - Coordinate with appropriate district health center/rural health unit personnel assigned in his/her area to ensure timely data collection and reporting;
  - Reporting of AEFI cases to concerned offices such as CESUs, PESUs and RESUs;
  - Perform other function as necessary.

- Duration: September 16, 2019 - December 31, 2022
- Position: Nurse II
- Name of Office/Unit: Department of Health /Human Resource for Health
- Immediate Supervisor: SUZETTE B. ARCILLAS, RN
- Name of Agency/Organization and Location: LGU-BAYBAY CITY, R. MAGSAYSAY AVE. ST. BAYBAY CITY.

- List of Accomplishments and Contributions (if any)
  - **Improved performance of health system in City Health Office**
  - **Enhances and sustain logistics management**
- Summary of Actual Duties
  - Performed basic physical assessment of newborn & infants
  - Primary core assessment & evaluation of pregnant & post-Partum mothers.
  - Conducted immunization at health center and door to door especially to rural areas
  - Implemented the importance of breastfeeding policy to newborn children
  - Expertise in Family Planning & dispensed contraceptives & other medications as needed
  - Effective counseling in health maintenance & disease management.
  - Pharmacological & non-pharmacological management & treatment of various disease
  - Conducted, mandated health screenings, physical & special education assessments in community & rural areas
  - Excellent interactions and communications with client, staff & supervisors
  - Tracked and Monitored Incoming LSIs, ROFWs and APORS
  - Monitored PUMS for Covid 19 at designated quarantine facility
  - Monitored confirmed cases at designated Isolation Area
  - Assisted in Swabbing
  - Conducted Rapid Testina as per doctor's order



- Assigned as Vaccinator during COVID-19 Vaccination
- Submitted pertinent reports on COVID-19

- Duration: March 01, 2019 – May 31, 2019
- Position: Animal Treatment Nurse
- Name of Office/Unit: Baybay City Health Office
- Immediate Supervisor: JEROME B. PROFETANA, MPM
- Name of Agency/Organization and Location: LGU-BAYBAY CITY, R. MAGSAYSAY AVE. ST. BAYBAY CITY.

- List of Accomplishments and Contributions (if any)
  - **Rabies Awareness and advocacy campaign and strengthen responsible pet ownership**
- Summary of Actual Duties
  - Recognizing and category rabies exposure
  - Decision making for common scenarios of post exposure prophylaxis & indications for pre-exposure prophylaxis Management of adverse reaction

- Duration: November 05, 2018 – December 31, 2018
- Position: Public Health Associate
- Name of Office/Unit: Department of Health
- Immediate Supervisor: SUZETTE B. ARCILLAS, RN
- Name of Agency/Organization and Location: LGU-BAYBAY CITY, R. MAGSAYSAY AVE. ST. BAYBAY CITY.

- List of Accomplishments and Contributions (if any)
  - **Improved performance of health system in City Health Office**
  - **Enhances and sustain logistics management**
- Summary of Actual Duties
  - Assist the MHO in the installation of effective monitoring and evaluation system;
  - Assist in the collection and validation of health-related data
  - Performs related function subject of approval of DOH

- Duration: June 08, 2016 – October 31, 2018
- Position: Nurse (Job Order)
- Name of Office/Unit: Baybay City Health Office
- Immediate Supervisor: NORBERTO P. OJA MD, MHA
- Name of Agency/Organization and Location: LGU-BAYBAY CITY, R. MAGSAYSAY AVE. ST. BAYBAY CITY.

- List of Accomplishments and Contributions (if any)

- **Summary of Actual Duties**

- Serve patient by visiting home;
- Provides health information by instructing family in maintaining health and prevention of disease
- Assisted blood letting
- Monitor and map breeding sites of mosquitos
- Mobilize and encourage community to take an active role.

  
**MARIE NIÑA P. DUMAGUING** ✓

(Signature over Printed Name  
of Employee/Applicant)

Date: February 24, 2025