

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	de los Reyes		
FIRST NAME	Nneka Mailee		NAME EXTENSION (JR., SR)
MIDDLE NAME	Capeña		
3. DATE OF BIRTH (mm/dd/yyyy)	05/28/1995	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	San Carlos City, Negros Occidental	If holder of dual citizenship, please indicate the details.	
5. SEX	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
6 CIVIL STATUS	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	788 N/A House/Block/Lot No. Street N/A Marcos Subdivision/Village Barangay Baybay Leyte City/Municipality Province
7. HEIGHT (m)	1.6m	ZIP CODE	6521
8. WEIGHT (kg)	49 kg	18. PERMANENT ADDRESS	788 N/A House/Block/Lot No. Street N/A Marcos Subdivision/Village Barangay Baybay Leyte City/Municipality Province
9. BLOOD TYPE	B	ZIP CODE	6521
10. GSIS ID NO.	N/A	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121243702460	20. MOBILE NO.	+639610568154
12. PHILHEALTH NO.	13-050205973-5	21. E-MAIL ADDRESS (if any)	nneka.delosreyes@vsu.edu.ph
13. SSS NO.	07-3906046-3		
14. TIN NO.	616-962-562-00000		
15. AGENCY EMPLOYEE NO.	V02104		

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	
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO.	N/A			
24. FATHER'S SURNAME	de los Reyes			
FIRST NAME	Eliseo	Jr.		
MIDDLE NAME	Honorio			
25. MOTHER'S MAIDEN NAME				
SURNAME	Capeña			
FIRST NAME	Bernadita			
MIDDLE NAME	Posas		(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	VISCA Foundation Elementary School	Primary Education	06/10/2002	03/26/2008	N/A	2008	With Honors
SECONDARY	Visayas State University Laboratory High School	Highschool	06/08/2008	03/27/2012	N/A	2012	With Honors
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	06/07/2012	06/15/2018	N/A	2018	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

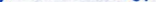
(Continue on separate sheet if necessary)		SIGNATURE	DATE
			July 28, 2025

[illegible]

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	July 28, 2025
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[illegible]

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

(Continue on separate sheet if necessary)

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Computer literate	N/A	Philippine Veterinary Medical Association
Good communication skills		
Reading & Writing		
Laboratory and practical veterinary skills		
Organizing, Multi-tasking		
Listening to music and singing		
Physical exercise, cooking, baking		

SIGNATURE		DATE	July 28, 2025
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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:
_____ finished contract

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.
Renato A. Daganta, Jr.	Guadalupe, Baybay City, Leyte	9058396312
Cortez Rieve L. Aballe	Argao, Cebu City	9275304998
Ma. Delia A. Pagente	Guadalupe, Baybay City, Leyte	9651339424

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.

NNEKA MALEE C.
DE LOS REYES

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.: 0009717

Date/Place of Issuance: 08/28/2018 Ormoc City, Leyte

Signature (Sign inside the box)
08/28/2025

Date Accomplished

Right Thumbmark

SUBSCRIBED AND SWORN to before me this 29 JUL 2025, affiant exhibiting his/her validly issued government ID as indicated above.

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Person Administering Oath

ATTY. VIVIAN C. ENRARIO-VIDALLON
NOTARY PUBLIC
ROLL NO. 62930
NC NO. B-23-12-06 UNTIL DECEMBER 31, 2025
PTR NO. BC 0326352, 1/2/25, BAYBAY CITY, LEYTE
IBP NO. 495374, 1/2/25, LEYTE
MCLE COMPLIANCE NO. VIII-0014132

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.

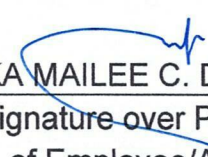
- Duration: August 12, 2024 - Present
- Position: Assistant Professor I
- Name of Office/Unit: Faculty of Veterinary Medicine
- Immediate Supervisor: Dr. Harvie P. Portugaliza
- Name of Agency/Organization and Location: Visayas State University, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
 - Award for Outstanding Veterinary Extension Service (as part of academic unit)
- Summary of Actual Duties
 - Facilitated blended learning/class for both laboratory and lecture.
 - Conducted applicable modes of assessment of the learnings gained by the students.
 - Maintained class records.
 - Engagement in FVM Research/Extension Services/Activities.

- Duration: May 2, 2023 – December 31, 2023
- Position: Administrative Assistant III
- Name of Office/Unit: College of Veterinary Medicine
- Immediate Supervisor: Dr. Santiago T. Peña, Jr.
- Name of Agency/Organization and Location: Visayas State University, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Conducted physical examination on animals for deworming, vaccination, surgery, and check-up.
 - Deworming and vaccination of cats and dogs.
 - Performed laboratory tests on animals for further diagnosis.
 - Assist faculty members and other administrative staff with admin tasks.

- Duration: September 2022 – January 2023
- Position: Instructor (Part-time)
- Name of Office/Unit: College of Veterinary Medicine
- Immediate Supervisor: Dr. Santiago T. Peña, Jr.
- Name of Agency/Organization and Location: Visayas State University, Baybay City, Leyte
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Facilitated blended learning/class for both laboratory and lecture.

- Conducted applicable modes of assessment of the learnings gained by the students.
- Maintained class records.

- Duration: February 4, 2019 – February 15, 2020
- Position: Veterinarian
- Name of Office/Unit: Cats n Dogs Veterinary Clinic
- Immediate Supervisor: Dr. Michelle O. Baylon.
- Name of Agency/Organization and Location: Cats n Dogs Veterinary Clinic, Dumaguete City, Negros Oriental
- List of Accomplishments and Contributions (if any)
- Summary of Actual Duties
 - Conducted physical examination on animals for deworming, vaccination, surgery, and check-up
 - Deworming and vaccination of cats and dogs
 - Performed laboratory tests on animals for further diagnosis
 - Drug administration and supportive therapy on both in- and outpatients
 - Whelping assistance, assist on surgeries, and emergency cases


NNEKA MAILEE C. DE LOS REYES

(Signature over Printed Name
of Employee/Applicant)

Date: July 28, 2025