CS Form No. 212
Revised 2017

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	Portugaliza
FIRST NAME	Harvie
NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	Potot

3. DATE OF BIRTH (mm/dd/yyyy)	02/12/1988	16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization
4. PLACE OF BIRTH	Cabucgayan, Leyte	If holder of dual citizenship, please indicate the details.	Pls. indicate country: **Philippines**
5. SEX	☑ Male ☐ Female		
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	Marquez Residence (House/Block/Lot No.) Tinago (Street) Gabas (Subdivision/Village) Barangay BAYBAY (City/Municipality) LEYTE (Province) ZIP CODE 6521
7. HEIGHT (m)	1.63		
8. WEIGHT (kg)	74.00		
9. BLOOD TYPE	O+	18. PERMANENT ADDRESS	Block 14, Lot 9 (House/Block/Lot No.) Phase 2 (Street) Villa Purita Hills (Subdivision/Village) Tubod (Barangay) MINGLANILLA (City/Municipality) CEBU (Province) ZIP CODE 6046
10. GSIS ID NO.	N/A		
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A	19. TELEPHONE NO.	0535650600ex103
14. TIN NO.	414325802	20. MOBILE NO.	N/A
15. AGENCY EMPLOYEE NO.	V00762	21. E-MAIL ADDRESS (if any)	hportugaliza@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE\'S SURNAME	Portugaliza	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Veda	N/A	N/A
NAME EXTENSION (JR., SR)			
MIDDLE NAME	Manguilimotan		
OCCUPATION	Veterinarian		
EMPLOYER/BUSINESS NAME	Minglanilla Agriculture Office		
BUSINESS ADDRESS	Minglanilla Municipal Hall		
TELEPHONE NO.			
24. FATHER\'S SURNAME	Portugaliza		
FIRST NAME	Teodoro		
NAME EXTENSION (JR., SR)			
MIDDLE NAME	Ronquillo		
25. MOTHER\'S MAIDEN NAME	Damiana A. Potot		
SURNAME	Portugaliza		
FIRST NAME	Damiana		
MIDDLE NAME	Potot	*(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 From	To	HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	Langgao Elementary School	Elementary	1996	2001		2001	Valedictorian
SECONDARY	Leyte National High School	High School	2001	2005		2005	Salutatorian
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	N/A						
GRADUATE STUDIES	Visayas State University	Doctor of Veterinary Medicine	2005	2011		2011	Cum Laude

PLEASE SEE ATTACHMENT A

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	09/26/2022

Attachment A

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			
GRADUATE STUDIES	Institute of Tropical Medicine	Master of Science in Tropical Animal Health	2013	2014		2014	
	University of Barcelona	Doctor in Transdisciplinary Global Health Solutions	2016	2020		2020	Cum Laude

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	09/26/2022

IV. CIVIL SERVICE ELIGIBILITY

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
Licensed Veterinarian	85.44	08/01/2011	Manuel L. Quezon University, Philippines	0007738	N/A
Civil Service Examination Professional Level		N/A	N/A	100108110208	N/A

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience 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"00-0")/ INCREMENT	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To						
01/01/2022	PRESENT	Assistant Professor IV	Visayas State University	45,203.00	18-1	Permanent	Y
02/01/2021	12/31/2021	Assistant Professor IV	Visayas State University	43,681.00	18-1	Permanent	Y
01/01/2021	01/31/2021	Instructor III	Visayas State University	30,799.00	14-1	Permanent	Y
01/01/2020		Instructor III	Visayas State University	29,277.00	14-1	Permanent	Y
01/01/2019		Instructor III	Visayas State University	27,755.00	14-1	Permanent	Y
01/01/2018	12/31/2018	Instructor III	Visayas State University	26,494.00	14-1	Permanent	Y
01/01/2017	12/31/2017	Instructor III	Visayas State University	25,290.00	14-1	Permanent	Y
01/01/2017		Instructor I	Visayas State University	21,387.00	12-1	Permanent	Y
08/01/2016	12/31/2016	Instructor I	Visayas State University	20,651.00	12-1	Permanent	Y
01/01/2016	07/31/2016	Instructor I	Visayas State University	20,651.00	12-1	Temporary	Y
11/01/2015	12/31/2015	Instructor I	Visayas State University	19,940.00	-	Temporary	Y
12/01/2012	10/30/2015	Instructor I	Visayas State University	19,940.00	-	Temporary	Y
06/01/2012	11/30/2012	Instructor I	Visayas State University	19,940.00	-	Contractual	Y

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	09/26/2022

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / 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		
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

(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			
Livestock Biotechnology Center – Implementation Plan Conceptualization and Writing-seminar Workshop: Addressing the Livestock Concerns Towards a Secure Future	07/07/2021	07/07/2021	8	Research	Department of Agriculture - Biotechnology Program Office
Going Beyond the Fundamentals of Journal Publishing – Reproducibility in Research	06/02/2021	12/02/2021	8	Research	Elsevier Publishing Workshop Series
Livestock Biotechnology Center - Virtual Research Proposal Writing Workshop. Organizer	02/21/2021	02/26/2021	48	Research	Department of Agriculture - Biotechnology Program Office
ScienceDirect Articles and Journals: Choosing the Right One for Your Research. Organizer	01/29/2021	01/29/2021	8	Research	Elsevier Publishing Workshop Series
STATA course	06/07/2018	06/22/2018	128	Technical	ISGlobal, University of Barcelona
Course on Basic Flow Cytometry. CEK, C. Rosello 153, Barcelona, Spain. Organizer	06/04/2018	06/08/2018	40	Technical	La Plataforma de Citometria de IDIBAPS
Fundamentals of Qualitative Health Research	12/11/2017	12/20/2017	64	Research	ISGlobal, University of Barcelona
Development and Applications of Vaccines in Global Health	05/24/2017	06/02/2017	64	Research	ISGlobal, University of Barcelona
Infectious Diseases and Global Health	05/11/2017	05/22/2017	64	Research	ISGlobal, University of Barcelona
Inter- and Transdisciplinary Research for Global Health Research	09/19/2016	09/30/2016	168	Research	Athena Institute, VU-University Amsterdam

(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)
N/A	N/A	Certified EpiCore Member
		National Research Council of the Philippines
		Philippine Society of Animal Science
		Philippine Veterinary Medical Association

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	09/26/2022

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 apppointed, 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?	☐ YES ☐ NO If YES, give details: _____
b. Have you been criminally charged before any court?	☐ 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)?	☐ YES ☐ NO If YES, give details: _____
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: _____
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.

ID picture taken within the last 6 months 3.5 cm x 4.5 cm (passport size)

With full and handwritten name tag and signature over printed name

Computer generated or photocopied picture is not acceptable

PHOTO

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.

Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver\'s License, etc.) *PLEASE INDICATE ID Number and Date of Issuance*
Government Issued ID: **N/A**
ID/License/Passport No.: **N/A**
Date/Place of Issuance: N/A

Signature (Sign inside the box)
09/26/2022
Date Accomplished

Right Thumbmark

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

Person Administering Oath