

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)<br>N/A                                |                                                                                                                                                                                                  |                 |                             |                         |
| MIDDLE NAME                      | Potot                                                                                                                                                                                   |                                                                |                                                                                                                                                                                                  |                 |                             |                         |
| 3. DATE OF BIRTH<br>(mm/dd/yyyy) | 02/12/1988                                                                                                                                                                              | 16. CITIZENSHIP                                                | <input checked="" type="checkbox"/> Filipino <input type="checkbox"/> Dual Citizenship<br><input type="checkbox"/> by birth <input type="checkbox"/> by naturalization<br>Pls. indicate country: |                 |                             |                         |
| 4. PLACE OF BIRTH                | Cabucgayan, Leyte                                                                                                                                                                       | If holder of dual citizenship,<br>please indicate the details. | Philippines                                                                                                                                                                                      |                 |                             |                         |
| 5. SEX                           | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female                                                                                                                |                                                                |                                                                                                                                                                                                  |                 |                             |                         |
| 6. CIVIL STATUS                  | <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married<br><input type="checkbox"/> Widowed <input type="checkbox"/> Separated<br><input type="checkbox"/> Other/s: | 17. RESIDENTIAL ADDRESS                                        | Apartment 40 Killborne<br>House/Block/Lot No. Street<br>Visayas State University<br>Subdivision/Village Barangay<br>City/Municipality Province                                                   |                 |                             |                         |
| 7. HEIGHT (m)                    | 1.63                                                                                                                                                                                    | 18. PERMANENT ADDRESS                                          | Block 14, Lot 9 Phase 2<br>House/Block/Lot No. Street<br>Villa Purita Hills Tubod<br>Subdivision/Village Barangay<br>MINGLANILLA CEBU<br>City/Municipality Province                              |                 |                             |                         |
| 8. WEIGHT (kg)                   | 75.00                                                                                                                                                                                   |                                                                | ZIP CODE                                                                                                                                                                                         | 6046            |                             |                         |
| 9. BLOOD TYPE                    | O+                                                                                                                                                                                      |                                                                | 19. TELEPHONE NO.                                                                                                                                                                                | (053) 5650-6001 |                             |                         |
| 10. GSIS ID NO.                  | N/A                                                                                                                                                                                     |                                                                |                                                                                                                                                                                                  | 20. MOBILE NO.  | 926-657-7602                |                         |
| 11. PAG-IBIG ID NO.              | 121091926328                                                                                                                                                                            |                                                                |                                                                                                                                                                                                  |                 | 21. E-MAIL ADDRESS (if any) | hportugaliza@vsu.edu.ph |
| 12. PHILHEALTH NO.               | 130001064763                                                                                                                                                                            |                                                                |                                                                                                                                                                                                  |                 |                             | ZIP CODE                |
| 13. SSS NO.                      | N/A                                                                                                                                                                                     |                                                                |                                                                                                                                                                                                  |                 |                             |                         |
| 14. TIN NO.                      | 414325802                                                                                                                                                                               |                                                                |                                                                                                                                                                                                  |                 |                             |                         |
| 15. AGENCY EMPLOYEE NO.          | V00762                                                                                                                                                                                  |                                                                |                                                                                                                                                                                                  |                 |                             |                         |

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                           | NAME EXTENSION (JR., SR) | N/A                                                 | N/A                        |
| 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<br>(Write in full) | BASIC EDUCATION/DEGREE/COURSE<br>(Write in full) | PERIOD OF ATTENDANCE |      | HIGHEST LEVEL/UNITS EARNED<br>(if not graduated) | YEAR GRADUATED | SCHOLARSHIP/ ACADEMIC HONORS RECEIVED |
|--------------------------|-----------------------------------|--------------------------------------------------|----------------------|------|--------------------------------------------------|----------------|---------------------------------------|
|                          |                                   |                                                  | From                 | To   |                                                  |                |                                       |
| 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                  | VISAYAS STATE UNIVERSITY          | Doctor of Veterinary Medicine C                  | 2005                 | 2011 |                                                  | 2011           | Cum Laude                             |
| 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 | 04/25/2024 |
|-----------|--|------|------------|

Attachment A

| III. EDUCATIONAL BACKGROUND               |       |                                   |                                                     |                      |      |                                                        |                   |                                                |
|-------------------------------------------|-------|-----------------------------------|-----------------------------------------------------|----------------------|------|--------------------------------------------------------|-------------------|------------------------------------------------|
| 26.                                       | LEVEL | NAME OF SCHOOL<br>(Write in full) | BASIC EDUCATION/DEGREE/COURSE<br>(Write in full)    | PERIOD OF ATTENDANCE |      | HIGHEST<br>LEVEL/UNITS<br>EARNED<br>(if not graduated) | YEAR<br>GRADUATED | SCHOLARSHIP/<br>ACADEMIC<br>HONORS<br>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                                      |
|                                           |       |                                   |                                                     |                      |      |                                                        |                   |                                                |
|                                           |       |                                   |                                                     |                      |      |                                                        |                   |                                                |
|                                           |       |                                   |                                                     |                      |      |                                                        |                   |                                                |
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| (Continue on separate sheet if necessary) |       |                                   |                                                     |                      |      |                                                        |                   |                                                |
| SIGNATURE                                 |       |                                   |                                                     | DATE                 |      | 04/25/2024                                             |                   |                                                |



| VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S                                                                                  |                                                                                                                                                                 |                                                  |                                                            |                    |                                                                    |                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------|--------------------|--------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 29.                                                                                                                                                                              | NAME & ADDRESS OF ORGANIZATION<br>(Write in full)                                                                                                               | INCLUSIVE DATES<br>(mm/dd/yyyy)                  |                                                            | NUMBER OF<br>HOURS | POSITION / NATURE OF WORK                                          |                                                                                                                                                                                              |
|                                                                                                                                                                                  |                                                                                                                                                                 | From                                             | To                                                         |                    |                                                                    |                                                                                                                                                                                              |
|                                                                                                                                                                                  | N/A                                                                                                                                                             | N/A                                              | N/A                                                        | N/A                | N/A                                                                |                                                                                                                                                                                              |
|                                                                                                                                                                                  |                                                                                                                                                                 |                                                  |                                                            |                    |                                                                    |                                                                                                                                                                                              |
|                                                                                                                                                                                  |                                                                                                                                                                 |                                                  |                                                            |                    |                                                                    |                                                                                                                                                                                              |
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|                                                                                                                                                                                  |                                                                                                                                                                 |                                                  |                                                            |                    |                                                                    |                                                                                                                                                                                              |
| (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<br>(Write in full)                                                                            | INCLUSIVE DATES OF<br>ATTENDANCE<br>(mm/dd/yyyy) |                                                            | NUMBER OF<br>HOURS | Type of LD<br>( Managerial/<br>Supervisory/<br>Technical/etc)      | CONDUCTED/ SPONSORED BY<br>(Write in full)                                                                                                                                                   |
|                                                                                                                                                                                  |                                                                                                                                                                 | From                                             | To                                                         |                    |                                                                    |                                                                                                                                                                                              |
|                                                                                                                                                                                  | Writing the Method Section (Bio-Physical Science)                                                                                                               | 03/11/2024                                       | 03/12/2024                                                 | 16                 | Technical                                                          | "Visayas State University (VSU), Visca, Baybay City, Leyte "                                                                                                                                 |
|                                                                                                                                                                                  | Stakeholders' Meeting/Workshop on the Development of Plans and Strategies to Mitigate Disease Occurrence/Outbreaks of Economically Significant Animal Diseases  | 08/04/2023                                       | 08/04/2023                                                 | 8                  | Technical                                                          | Provincial Veterinary Services Office of the Province of Southern Leyte                                                                                                                      |
|                                                                                                                                                                                  | 19th Provincial City Municipality Veterinarian League of the Philippines (PCMVLP) Scientific Conference and Annual Convention                                   | 05/17/2023                                       | 05/20/2023                                                 | 32                 | Technical                                                          | Provincial City Municipality Veterinarian League of the Philippines                                                                                                                          |
|                                                                                                                                                                                  | First International Training Program (ITP) workshop of the "Co-CiPhil: Co-creating environmental citizen science capacity in the Philippines."                  | 05/02/2023                                       | 05/12/2023                                                 | 112                | Technical                                                          | VLIR-UOS ITP project Interuniversity Institute for Biostatistics and Statistical Bioinformatics (IBioStat), Hasselt University, Belgium; and Department Statistics, Visayas State University |
|                                                                                                                                                                                  | NSTEP Visayas Webinar-Workshop on Policy Brief Making                                                                                                           | 03/14/2023                                       | 03/15/2023                                                 | 16                 | Technical                                                          | National Research Council of the Philippines                                                                                                                                                 |
|                                                                                                                                                                                  | Training on the Recognition of Priority and Emerging Animal Diseases                                                                                            | 03/01/2023                                       | 03/03/2023                                                 | 24                 | Technical                                                          | Agricultural Training Institute-Regional Training Center VII                                                                                                                                 |
|                                                                                                                                                                                  | 90th Philippine Veterinary Medical Association (PVMA) Scientific Conference and Annual Convention                                                               | 02/15/2023                                       | 02/17/2023                                                 | 24                 | Research                                                           | Philippine Veterinary Medical Association                                                                                                                                                    |
|                                                                                                                                                                                  | 1st Western Visayas Companion Animal, Poultry and Livestock Conference                                                                                          | 01/26/2023                                       | 01/27/2023                                                 | 16                 | Research                                                           | Philippine College of Canine Practitioners; West Visayas State University                                                                                                                    |
|                                                                                                                                                                                  | 1st Eastern Visayas Companion Animal Conference                                                                                                                 | 10/24/2022                                       | 10/24/2022                                                 | 12                 | Technical                                                          | Philippine College of Canine Practitioners and Philippine Veterinary Medical Association                                                                                                     |
|                                                                                                                                                                                  | NRCP Visayas Regional Cluster (VRC) - Annual Scientific Conference and 19th Membership Assembly                                                                 | 10/19/2022                                       | 10/19/2022                                                 | 8                  | Technical                                                          | National Research Council of the Philippines                                                                                                                                                 |
|                                                                                                                                                                                  | Assessment and Implementation of Day-1 Competencies (AID-1C) Workshop                                                                                           | 10/13/2022                                       | 10/13/2022                                                 | 8                  | Instruction                                                        | The Ohio State University, University of the Philippines-Los Baños, World Organization for Animal Health                                                                                     |
|                                                                                                                                                                                  | CSC Supervisory Development Course Track 1                                                                                                                      | 09/20/2022                                       | 09/23/2022                                                 | 32                 | Supervisory                                                        | Civil Service Commission - Region 8                                                                                                                                                          |
|                                                                                                                                                                                  | International Course Program (ICP) South Workshop 2022: Spatial Statistics and Metagenomics Data Analysis.                                                      | 05/24/2022                                       | 05/27/2022                                                 | 40                 | Technical                                                          | University of Hasselt and Visayas State University                                                                                                                                           |
|                                                                                                                                                                                  | Preventing the Transfer of Sensitive Biological Research from Pharmaceutical and Related Research Facilities in the Eastern Asian Region to Proliferator States | 03/10/2022                                       | 03/28/2022                                                 | 72                 | Technical                                                          | Center for Agriculture and Food Security and Preparedness (CAFSP), The University of Tennessee                                                                                               |
|                                                                                                                                                                                  | 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                                                                                                                                     |
| PLEASE SEE ATTACHMENT B                                                                                                                                                          |                                                                                                                                                                 |                                                  |                                                            |                    |                                                                    |                                                                                                                                                                                              |
| (Continue on separate sheet if necessary)                                                                                                                                        |                                                                                                                                                                 |                                                  |                                                            |                    |                                                                    |                                                                                                                                                                                              |
| VIII. OTHER INFORMATION                                                                                                                                                          |                                                                                                                                                                 |                                                  |                                                            |                    |                                                                    |                                                                                                                                                                                              |
| 31.                                                                                                                                                                              | SPECIAL SKILLS and HOBBIES                                                                                                                                      | 32.                                              | NON-ACADEMIC DISTINCTIONS / RECOGNITION<br>(Write in full) | 33.                | MEMBERSHIP IN ASSOCIATION/ORGANIZATION<br>(Write in full)          |                                                                                                                                                                                              |
|                                                                                                                                                                                  | N/A                                                                                                                                                             |                                                  | N/A                                                        |                    | Philippine Association of Veterinary Medicine Educators and School |                                                                                                                                                                                              |
|                                                                                                                                                                                  |                                                                                                                                                                 |                                                  |                                                            |                    | Philippine College of Veterinary Epidemiologists                   |                                                                                                                                                                                              |
|                                                                                                                                                                                  |                                                                                                                                                                 |                                                  |                                                            |                    | 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               | 04/25/2024                                                         |                                                                                                                                                                                              |



| <div>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,</div> <div>a. within the third degree?</div> <div>b. within the fourth degree (for Local Government Unit - Career Employees)?</div>                                                                                                             |                                                                                                                   | <div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div></div> <div>If YES, give details:</div> <div></div>                                                                                                                                                                                               |      |         |          |                    |            |  |                  |                               |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------|----------|--------------------|------------|--|------------------|-------------------------------|--|--|--|--|
| <div>35. a. Have you ever been found guilty of any administrative offense?</div> <div>b. Have you been criminally charged before any court?</div>                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                   | <div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details:</div><div></div></div> <div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details:</div><div>Date Filed: <div></div></div><div>Status of Case/s: <div></div></div></div>                                                                           |      |         |          |                    |            |  |                  |                               |  |  |  |  |
| <div>36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?</div>                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                   | <div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details:</div><div></div></div>                                                                                                                                                                                                                                                                   |      |         |          |                    |            |  |                  |                               |  |  |  |  |
| <div>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?</div>                                                                                                                                                                                                                                                  |                                                                                                                   | <div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details:</div><div></div></div>                                                                                                                                                                                                                                                                   |      |         |          |                    |            |  |                  |                               |  |  |  |  |
| <div>38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?</div> <div>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?</div>                                                                                                                                                                                   |                                                                                                                   | <div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details:</div><div></div></div> <div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details:</div><div></div></div>                                                                                                                                          |      |         |          |                    |            |  |                  |                               |  |  |  |  |
| <div>39. Have you acquired the status of an immigrant or permanent resident of another country?</div>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                   | <div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, give details (country):</div><div></div></div>                                                                                                                                                                                                                                                         |      |         |          |                    |            |  |                  |                               |  |  |  |  |
| <div>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:</div> <div>a. Are you a member of any indigenous group?</div> <div>b. Are you a person with disability?</div> <div>c. Are you a solo parent?</div>                                                                                                                                                          |                                                                                                                   | <div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, please specify:</div><div></div></div> <div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, please specify ID No</div><div></div></div> <div><div><input type="checkbox"/> YES<input type="checkbox"/> NO</div><div>If YES, please specify ID No</div><div></div></div> |      |         |          |                    |            |  |                  |                               |  |  |  |  |
| <div>41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)</div> <table><thead><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr></thead><tbody><tr><td>Tomas J. Fernandez</td><td>Ormoc City</td><td></td></tr><tr><td>Eugene B. Lañada</td><td>Guadalupe, Baybay City, Leyte</td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>                                                                                                                   |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                            | NAME | ADDRESS | TEL. NO. | Tomas J. Fernandez | Ormoc City |  | Eugene B. Lañada | Guadalupe, Baybay City, Leyte |  |  |  |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ADDRESS                                                                                                           | TEL. NO.                                                                                                                                                                                                                                                                                                                                                                                   |      |         |          |                    |            |  |                  |                               |  |  |  |  |
| Tomas J. Fernandez                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Ormoc City                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                            |      |         |          |                    |            |  |                  |                               |  |  |  |  |
| Eugene B. Lañada                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Guadalupe, Baybay City, Leyte                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                            |      |         |          |                    |            |  |                  |                               |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                            |      |         |          |                    |            |  |                  |                               |  |  |  |  |
| <div>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.</div> |                                                                                                                   | <div><div><div>ID picture taken within the last 6 months<br/>3.5 cm x 4.5 cm<br/>(passport size)</div><div>With full and handwritten name tag and signature over printed name</div><div>Computer generated or photocopied picture is not acceptable</div></div><div>PHOTO</div><div></div><div>Right Thumbmark</div></div>                                                                 |      |         |          |                    |            |  |                  |                               |  |  |  |  |
| <div><div>Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) PLEASE INDICATE ID Number and Date of Issuance</div><div>Government Issued ID: PASSPORT</div><div>ID/License/Passport No.: P3509453C</div><div>Date/Place of Issuance: 03/09/2023 / DFA CEBU</div></div>                                                                                                                                                                                                                  | <div><div></div><div>Signature (Sign inside the box)</div><div>04/25/2024</div><div>Date Accomplished</div></div> |                                                                                                                                                                                                                                                                                                                                                                                            |      |         |          |                    |            |  |                  |                               |  |  |  |  |
| <div>SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.</div> <div></div> <div>Person Administering Oath</div>                                                                                                                                                                                                                                                                                                                           |                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                            |      |         |          |                    |            |  |                  |                               |  |  |  |  |