

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	CALIXTRO						
FIRST NAME	ABEGAIL					NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	PESERAL						
3. DATE OF BIRTH (mm/dd/yyyy)	05/29/1998		16. CITIZENSHIP If holder of dual citizenship, please indicate the details.		<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	BAYBAY CITY, LEYTE				<div></div>		
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 ZIP CODE		N/A N/A House/Block/Lot No. Street		
7. HEIGHT (m)	1.64				N/A IGANG		
8. WEIGHT (kg)	59				Subdivision/Village Barangay		
9. BLOOD TYPE	O+				BAYBAY CITY LEYTE		
10. GSIS ID NO.	N/A				City/Municipality Province		
11. PAG-IBIG ID NO.	121281796928		18. PERMANENT ADDRESS ZIP CODE		N/A N/A House/Block/Lot No. Street		
12. PHILHEALTH NO.	132025892406				N/A IGANG		
13. SSS NO.	06-4407651-3				Subdivision/Village Barangay		
14. TIN NO.	777204887				BAYBAY CITY LEYTE		
15. AGENCY EMPLOYEE NO.	N/A				City/Municipality Province		
16. CITIZENSHIP					6521		
17. RESIDENTIAL ADDRESS					6521		
18. PERMANENT ADDRESS					N/A		
19. TELEPHONE NO.					09302091638		
20. MOBILE NO.					abegail.peseral@vsu.edu.ph		
21. E-MAIL ADDRESS (if any)							


II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	CALIXTRO		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	JHOEMIEL	NAME EXTENSION (JR., SR) N/A	N/A	
MIDDLE NAME	MATUGAS			
OCCUPATION	PHILIPPINE ARMY			
EMPLOYER/BUSINESS NAME	ARMED FORCES OF THE PHILIPPINES			
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	PESERAL			
FIRST NAME	NATANAEL	NAME EXTENSION (JR., SR) N/A		
MIDDLE NAME	MARZON			
25. MOTHER'S MAIDEN NAME				
SURNAME	OLIVA			
FIRST NAME	SONIA			
MIDDLE NAME	CABALTERA		(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	IGANG ELEMENTARY SCHOOL	PRIMARY EDUCATION	2004	2010		2010	SECOND HONORABLE MENTION
SECONDARY	BAYBAY NATIONAL HIGH SCHOOL	HIGH SCHOOL	2010	2014		2014	N/A
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A		N/A	N/A
COLLEGE	VISAYAS STATE UNIVERSITY	BS COMPUTER SCIENCE	2015	2020		2020	LOCAL GOVERNMENT UNIT SCHOLAR
GRADUATE STUDIES	CEBU INSTITUTE OF TECHNOLOGY UNIVERSITY	MASTER OF SCIENCE IN COMPUTER SCIENCE	2022	2022		N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 17, 2025
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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				

(Continue on separate sheet if necessary)

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

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			
	Computer Vision Application: Starter Pack	3/9/2023	3/9/2023	4.0		Department of Computer Science and Technology
	ISO 9001:2015 Awareness & Re-awareness	8/29/2023	8/29/2023			Visayas State University
	VSU Faculty Onborading	8/16/2023	8/17/2023	16.0	Instruction	Visayas State University
	Seminar-Workshop on Academic Practice	3/22/202	3/22/202	2.0		Visayas State University
	SEAMEO Thursday Teacher Training Interactive Webinar	8/25/2022	8/25/2022	2.0		SEAMEO
	Teaching History in the 21st Century	7/2/2022	7/2/2022	2.0		Kaagapay Teacher Support
	Google Workspace for Education Fundamentals Training Program	6/28/2022	6/30/2022	9.0		Kaagapay Teacher Support
	Typhoon Awareness and Calamity Readiness	6/29/2022	6/29/2022	2.0		Visayas State University, College of Engineering
	Application of Virtual Reality to Agriculture, Land Use and Transportation Plans	6/22/2022	6/22/2022	3.0		Visayas State University
	2nd SEAMEO-New Zealand Master Class on Digital Revolution for Education	5/24/2022	5/24/2022	2.0		SEAMEO
	Basic Graphic Editing Using Canva	3/3/2022	3/4/2022	8.0		Department of Information and Communications Technology - MIMAROPA
	Choosing the Right Journal for Your Research Articles Webinar	10/5/2021	10/5/2021	2.0		Elsevier
	SEAMEO-New Zealand Master Class on Education Technology and Digital Security	9/30/2021	9/30/2021	2.0		SEAMEO
	Seminar/Lecture on Intellectual Property Rights (IPR)	8/26/2021	8/26/2021	4.0		Visayas State University

(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)
	BASIC PROGRAMMING		N/A		N/A
	GRAPHICS DESIGN				
	READING				
	PLAYING GUITAR				
	EDITING VIDEOS AND PHOTOS				
	PHOTOGRAPHY				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	July 17, 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)?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: Date Filed: _____ Status of Case/s: _____</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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</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><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
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?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details: _____</div>												
39. Have you acquired the status of an immigrant or permanent resident of another country?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, give details (country): _____</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: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div> <div><input type="checkbox"/> YES<input checked="" type="checkbox"/> NO</div> <div>If YES, please specify ID No: _____</div>												
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)													
<table><tr><td>NAME</td><td>ADDRESS</td><td>TEL. NO.</td></tr><tr><td>RAIAN MARK VALENZONA</td><td>BAYBAY CITY, LEYTE</td><td>9197103633</td></tr><tr><td>MARGIE J. LIBOT</td><td>BRGY. HIGULOAN, BAYBAY CITY, LEYTE</td><td>9514644895</td></tr><tr><td>PHEBE JOY VITUALLA</td><td>BRGY. IGANG, BAYBAY CITY, LEYTE</td><td>9500054797</td></tr></table>		NAME	ADDRESS	TEL. NO.	RAIAN MARK VALENZONA	BAYBAY CITY, LEYTE	9197103633	MARGIE J. LIBOT	BRGY. HIGULOAN, BAYBAY CITY, LEYTE	9514644895	PHEBE JOY VITUALLA	BRGY. IGANG, BAYBAY CITY, LEYTE	9500054797
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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: DRIVER'S LICENSE

ID/License/Passport No.: H12-20-001569


Date/Place of Issuance: 04/25/2024



Signature (Sign inside the box)

July 17, 2025

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

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