

PERSONAL DATA SHEET

WARNING: Any misinterpretation 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**

1. CS ID No.

(Do not fill up. For CSC use only)

ABBREVIATE.

I. PERSONAL INFORMATION

2. SURNAME FIRST NAME MIDDLE NAME	ABELARDO GELLA MAE MESIAS		
3. DATE OF BIRTH (mm/dd/yyyy)	03/24/2000	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	Baybay City	If holder of dual citizenship, please indicate the details.	Philippines
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"/> Separated <input type="checkbox"/> Other/s:	17. RESIDENTIAL ADDRESS	NA DOMINGGO VELOSO ST House/Block/Lot No. Street NA CARIDAD Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
7. HEIGHT (m)	163	ZIP CODE	NA DOMINGGO VELOSO ST House/Block/Lot No. Street NA CARIDAD Subdivision/Village Barangay BAYBAY LEYTE City/Municipality Province 6521
8. WEIGHT (kg)	45		
9. BLOOD TYPE	A+		
10. GSIS ID NO.	NA		
11. PAG-IBIG ID NO.	121240125697	ZIP CODE	
12. PHILHEALTH NO.	02-027178930-1		
13. SSS NO.	N/A	19. TELEPHONE NO.	NA
14. TIN NO.	393-350-958-000	20. MOBILE NO.	09662467597
15. AGENCY EMPLOYEE N		21. E-MAIL ADDRESS (if any)	gella.abelardo@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME			23. NAME of LDREN (Write full namelist all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME		NAME EXTENSION (JR., SR)		
MIDDLE NAME				
OCCUPATION				
EMPLOYER/BUSINESS NAME				
BUSINESS ADDRESS				
TELEPHONE NO.				
24. FATHER'S SURNAME	ABELARDO			
FIRST NAME	GABRIEL	NAME EXTENSION (JR., SR)		
MIDDLE NAME	TAGALOG			
25. MOTHER'S MAIDEN NAME				
SURNAME	MESIAS			
FIRST NAME	MELONIE			
MIDDLE NAME	SENILLO		(Continue on separate sheet if necessary)	

III. EDUCATIONAL BACKGROUND

26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC DEGREE/COURSE EDUCATION/DEGR (Write in full)	PERIOD OF ATTENDANCE		HIGHEST LEVEL/ UNITS EARNED (if not graduated)	YEAR	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
			From	To			
ELEMENTARY	CARIDAD ELEMENTARY SCHOOL		07/04/2006	03/25/2012	Grade 6	2012	With Honor

<i>(Continue on separate sheet if necessary)</i>							
SIGNATURE			DATE	July 10, ,2025	CS FORM 212 (Revised 2017), Page 2 of 4		

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

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

[illegible]

(Continue on separate sheet if necessary)

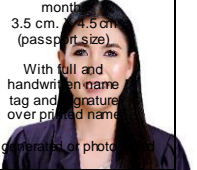
VIII. OTHER INFORMATION

31. SPECIAL SKILLS and HOBBIES	32. NON-ACADEMIC DISTINCTIONS / RECOGNITION (Write in full)	33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)
Interpersonal Skills		
Effective Time Management		
Teamwork and Collaboration		

(Continue on separate sheet if necessary)

<i>(continue on separate sheet if necessary)</i>			
SIGNATURE	DATE	January 15, 2024	CS FORM 212 (Revised 2017), Page 3 of 4

34. Are you related by consanguinity or affinity to the appointing or recommending authority, or to the chief of bureau or office or to the person who has immediate supervision over you in the Office, Bureau or Department where you will be appointed, a. within the third degree? b. within the fourth degree (for Local Government Unit - Career Employees)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
35. a. Have you ever been found guilty of any administrative offense? b. Have you been criminally charged before any court?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <hr/> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ Date Filed: _____ Status of Case/s: _____	
36. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
37. Have you ever been separated from the service in any of the following modes: resignation, retirement, dropped from the rolls, dismissal, termination, end of term, finished contract or phased out (abolition) in the public or private sector?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)? b. Have you resigned from the government service during the three (3)-month period before the last election to promote/actively campaign for a national or local candidate?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, give details: _____	
39. Have you acquired the status of an immigrant or permanent resident of another country?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, give details (country): _____	
40. Pursuant to: (a) Indigenous People's Act (RA 8371); (b) Magna Carta for Disabled Persons (RA 7277); and (c) Solo Parents Welfare Act of 2000 (RA 8972), please answer the following items: a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____ <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, please specify ID No: _____	
41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)		
NAME	ADDRESS	TEL. NO.
Jay C. Bansale	MacArthur Leyte	9489762630
Nicole Ivy D. Manacpo	Albuera Leyte	9270818504
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 style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Drivers License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: _____ ID/License/Passport No.: _____ Date/Place of Issuance: _____ </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Signature (Sign inside the box) <div style="text-align: center; margin-top: 10px;">July 10, 2025</div> Date Accomplished </div>	<div style="border: 1px solid black; padding: 5px;"> <div style="text-align: center; margin-bottom: 10px;"> PHOTO  <small>ID picture taken within the last 6 months, 3.5 cm. x 4.5 cm. (passport size)</small> <small>With full and handwritten name tag and signature over printed name</small> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Computer generated or photo picture Right Thumbmark </div> </div>
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SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.	
<div></div>	<div>SC</div>
Person Administering Oath	

CS FORM 212 (Revised 2017), Page 4 of 4