Revised 2025

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 if accomplished through own handwriting. Tick appropriate boxes) and use separate sheet if necessary. Indicate N/A if not applicable. DO NOT ABBREVIATE.

I. PERSONAL INFORMATION									
1. SURNAME	Aldiano								
2. FIRST NAME	Thea	NAME EXTENSION (JR., SR) N/A							
MIDDLE NAME	Lauzon					•			
DATE OF BIRTH (dd/mm/yyyy)	9/2/1993	16. CITIZENSHIP	16. CITIZENSHIP		☑ Filipino ☐ Dual Citizenship				
	D 1 0" 1 1	161-116-11					□ by naturaliza	ition	
4. PLACE OF BIRTH	Baybay City, Leyte		If holder of dual citizenship, please indicate the details.		Pls. indicate				
5. SEX AT BIRTH	☐ Male ☑ Female		1	Philippines				•	
6 CIVIL STATUS	✓ Single ☐ Married ☐ Widowed ☐ Separated	17. RESIDENTIAL ADDRESS	N/A House/Block/Lot No.			Zone 2 Street			
	☐ Other/s:		N/A Subdivision/Village		Salvacion Barangay				
7. HEIGHT (m)	1.44			Dulag			Leyte		
8. WEIGHT (kg)	48	ZIP CODE	City/Municipality		<u>'</u>	Province 6505			
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	N/A		Zone 2				
10. UMID ID NO.	0111-4005682-9		House/Block/Lot No. N/A			Street Salvacion			
11. PAG-IBIG ID NO.	121100021212			bdivision/Villag Dulag		Barangay Leyte			
12. PHILHEALTH NO.	12-051308449-3	ZIP CODE	Ci	City/Municipality 6505		Province			
13. PhilSys Number (PSN):	4507-5104-7253-1963	19. TELEPHONE NO.		N/A					
14. TIN NO.	452-153-958-000	20. MOBILE NO.	09061883548						
15. AGENCY EMPLOYEE NO.	N/A	21. E-MAIL ADDRESS (if any)	thea.aldiano@gmail.			iano@gmail.d	com		
II. FAMILY BACKGROUND		, ,,				<u> </u>		_	
22. SPOUSE'S SURNAME	N/A		23. NAME of CH	IILDREN (Writ	e full name an	d list all)	DATE OF BIR	TH (dd/mm/yyyy)	
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		N/A			N/A		
MIDDLE NAME	N/A	<u>.</u>							
OCCUPATION	N/A								
EMPLOYER/BUSINESS NAME	N/A								
BUSINESS ADDRESS	N/A								
TELEPHONE NO.	N/A								
24. FATHER'S SURNAME	Aldiano								
FIRST NAME	Fabian	NAME EXTENSION (JR., SR)	KTENSION (JR., SR)						
MIDDLE NAME	Soriano								
25. MOTHER'S MAIDEN NAME									
SURNAME	Lauzon								
FIRST NAME	Venus								
MIDDLE NAME	Manacpo (Continue on s				eparate sheet if nec	essary)			
III. EDUCATIONAL BACKGI	ROUND								
26.	NAME OF SCHOOL	BASIC EDUCATION/DEGR	EE/COURSE	PERIOD OF	ATTENDANCE	HIGHEST LEVEL/	YEAR	SCHOLARSHIP/	
LEVEL	(Write in full)	(Write in full)		From	То	UNITS EARNED (if not graduated)	GRADUATED	ACADEMIC HONORS RECEIVED	
ELEMENTARY	Dulag SpEd Center	ELEMENTARY		1999	2004	N/A	2004	With honors	
SECONDARY	Dulag National High School	HIGH SCHOOL		2004	2008	N/A	2008	With honors	
VOCATIONAL / TRADE COURSE	N/A	N/A		N/A	N/A	N/A	N/A	N/A	
COLLEGE	University of the Philippines Tacloban	BS BIOLOGY		2008	2012	N/A	2012	N/A	
COLLEGE	Visayas State University	DOCTOR OF VETERINARY	/ MEDICINE	2016	2022	N/A	2022	N/A	
GRADUATE STUDIES	Ghent University	MASTER OF SCIENCE IN AC	QUACULTURE	2023	2025	N/A	2025	VLIR-UOS/ Cum laude	
(Continue on separate sheet if necessary)									
SIGNATURE	Thea L. Ala	iano		DA	\TE	С	December 10, 202	5	

Content of the Cont	IV. CIVIL S	ERVICE ELIG	GIBILITY					
Career Service Professional RA 1080 - Veterinarian ROUGHUM SERVICE Professional ROUGHUM SERVICE Professional Professional Service Professional	27. CES/CSEE/CAREER SERVICE/RA 1080 (BOARD/			RATING			LICENSE (f applicable)
RA 1080 - Veterinarian 79.16 September 27.87.31, Cebu Doctor University, Mandaue City Centine (Continue on expansion about if increasing) (Continue on expansion about it increasing)				(If Applicable)			NUMBER	Valid Until
Continue or square short Facusary	(Career Service Professional			10/21/2012		NA	NA
V. WORK EXPERIENCE The Individual Provision of State		RA 1080 - Veterinarian		79.16			0011721	2/9/2026
V. WORK EXPERIENCE The Individual Provision of State								
V. WORK EXPERIENCE The Individual Provision of State								
V. WORK EXPERIENCE The Individual Provision of State								
V. WORK EXPERIENCE The Individual Provision of State								
V. WORK EXPERIENCE The Index of the provision of the provision of districts should be antifested in the standard burst and bu								
Include private employment. Start from your recent work.] Description of duties should be indicated in the attached Work Evoperione Sheet.				(Continue on s	eparate sheet if necessary			
28: NCLUSINE DATES From To				t work.) Descript	tion of duties should	be indicated in the attacl	ned Work Experi	ence Sheet.
From To To 181/2023 Research Assistant Faculty of Veterinary Medicine Visiona State University Veterinary Assistant Veterinary Corp. 5/11/2022 Veterinary Assistant Faculty of Veterinary Corp. 5/11/2023 3/107/2022 Veterinary Assistant Veterinary Corp. 4/15/2013 5/15/2015 Lecture Assistant Crocolandia Foundation Inc. Permanent No	28. INCL	USIVE DATES						
10/17/2023 5/15/2023 Research Assistant Faculty of Veterinary Medicine Visayas State University Contractual Yes 5/11/2022 Veterinary Assistant A A Animal Wellness International Veterinary Corp. 4/15/2013 5/15/2015 Lecture Assistant Crocolandia Foundation Inc. Permanent No		1						
S11/2/2/2 3107/2/2/2 Veterinary Assistant Veterinary Corp. Probationary No 4/15/2013 5/15/2015 Lecture Assistant Crocolandia Foundation Inc. Permanent No 5/15/2015 Lecture Assistant Crocolandia Foundation Inc.	10/17/2023		Research Ass	sistant	Faculty of V	eterinary Medicine State University	Contractual	Yes
4/15/2013 5/15/2015 Lecture Assistant Crocolandia Foundation Inc. Permanent No	5/11/2022	31/07/2022	Veterinary As	sistant			Probationary	No
	4/15/2013	5/15/2015	Lecture Assi	stant			Permanent	No
				(Continue or a	enarate sheet if necessary			
	SIGN	ATURE	Thea		Sparato oriest ii lietessally		Decembe	r 11, 2025

VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S							
29. NAME & ADDRESS OF ORGANIZATION (Write in full)			NCLUSIVE DATES (dd/mm/yyyy) m To		POSITION / NATURE OF WORK		
Halo-halo Project in Tubabao Island, Guiuan, Eastern Samar funded by the U.S. Embassy Manila			30/6/2015	~24	Volunteer lecturer		
VII. I EARNING AND DEVELOPMENT (I & D)		tinue on separate					
VII. LEARNING AND DEVELOPMENT (L&D) INTERVENTIONS/TRAINING PR 30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			DATES OF IDANCE m/yyyy)	NUMBER OF HOURS	Type of L&D (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)	
Aquaculture Europe 2025 in Valencia, Spain		From 9/22/2025	To 9/25/2025	32.0	Attendee	European Aquaculture Society	
VLIZ Marine Science Day March 2024 Ostend, Belgiur	n	3/6/2024	3/6/2024	8.0	Attendee	Flanders Marine Institure (VLIZ)	
Visayas SEACamp (Sea and Earth Advocates Camp)	in Siaton, Negros Oriental	4/27/2015	5/3/2015	56.0	Participant	Save Philippine Seas and U.S. Embassy Manila	
23rd Philippine Biodiversity Symposium at the Unive	sity of San Carlos Cebu City	4/1/2014	4/4/2014	32.0	Attendee	Wildlife Conservation Society of the Philippines and Association of Systematic Biologists of the Philippines	
VIII. OTHER INFORMATION	(Con	tinue on separate	sheet if necessary)	_		
31. SPECIAL SKILLS and HOBBIES	32. NON	-ACADEMIC DISTII (Writ	NCTIONS / RECOG	INITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)	
Singing						Philippine Veterinary Medical Association	
Guitar playing						Philippine Association of Belgian University Scholars	
		,,					
SIGNATURE	(Continue on separate sheet if necessary Thea L Addiano				4 <i>TE</i>	December 11, 2025	

chief of	related by consanguinity or affinity to the appointing fureau or office or to the person who has immediate or Department where you will be apppointed,					
	n the third degree?	☐ YES ☑ NO				
b. withi	n the fourth degree (for Local Government Unit - Care	☐ YES ☑ NO				
			If YES, give details:			
35. a. Have	e you ever been found guilty of any administrative offe	☐ YES ☑ NO				
		If YES, give details:				
b. Have	e you been criminally charged before any court?	☐ YES ☑ NO				
	.,,	If YES, give details:				
		Date Filed:				
		Status of Case/s:				
	ou ever been convicted of any crime or violation of an	☐ YES ☑ NO				
any co	urt or tribunal?		If YES, give details:			
	ou ever been separated from the service in any of the		☐ YES ☑ NO			
	d from the rolls, dismissal, termination, end of term, fin public or private sector?	nished contract or phased out (abolition)	If YES, give details:			
•	public or private sector? e you ever been a candidate in a national or local elec	tion held within the last year (except				
	ay election)?	tion field within the last year (except	☐ YES ☑ NO If YES, give details:			
	,					
	e you resigned from the government service during the n to promote/actively campaign for a national or local or	• •	☐ YES ☑ NO If YES, give details:			
			II 1 L3, give details.			
39. Have y	ou acquired the status of an immigrant or permanent	esident of another country?	☐ YES ☑ NO			
			If YES, give details (country):			
40. Pursua	nt to: (a) Indigenous People's Act (RA 8371); (b) Magi	na Carta for Disabled Persons (PA 7277				
	ended); and (c) Expanded Solo Parents Welfare Act (F					
items:		•				
a. Are you	u a member of any indigenous group?		☐ YES ☑ NO			
b. Are voi	u a person with disability?		If YES, please specify:			
- Ale you	a person with disability:		☐ YES ☑ NO If YES, please specify ID No:			
c. Are you	u a solo parent?					
			If YES, please specify ID No:			
41. REFERE	NCES (Person not related by consanguinity or affinity to appli	cant /appointee)				
	NAME	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR			
	Dr. Santiago T. Peña, Jr.	Office of the Vice President for Research,	santiago.penajr			
	Di. Sailuago 1. Felia, Si.	Extension, and Innovation	@vsu.edu.ph ttdung@ctu.edu			
	Dr. Tu Thanh Dung	Department of Aquatic Pathology, Can Tho University, Vietnam	.vn			
	Dr. Annelies Declercq	Department of Animal Sciences and	andclerc.decler			
42. I decla	re under oath that I have personally accomplished	this Personal Data Sheet which is a tr	cq@ugent.be			
	te statement pursuant to the provisions of pertine					
	ines. I authorize the agency head/authorized represer	•				
•	that any misrepresentation made in this docur strative/criminal case/s against me.	nent and its attachments shall caus	e the filing of PHOTO			
admini	stativo, ominiai odoo, o against me.					
Governme	nt Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.)					
	NDICATE ID Number and Date of Issuance	M. I M.				
Government	Issued ID: Passport	Thea I. Ald	lano			
ID/License/F	Passport No.: P0201313C					
	· ·	5				
Date/Place	of Issuance: May 23, 2022/DFA Tacloban	Right Thumbmark				
	CLIDCODIDED AND CMODN to hat #-	-10 - 11 - 1.1.1.1 W	his/hor validly issued asystematic ID as indicated the second			
SUBSCRIBED AND SWORN to before me this affiant exhibiting his/her validly issued government ID as indicated above.						
	(w	ret signature/e-signature/digital certificate exc	cept for notary public)			
I		Person Administering Oa	th			