

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		
3. DATE OF BIRTH (dd/mm/yyyy)	9/2/1993	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, Leyte	If holder of dual citizenship, please indicate the details.	Philippines
5. SEX AT BIRTH	<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	N/A Zone 2 House/Block/Lot No. Street N/A Salvacion Subdivision/Village Barangay Dulag Leyte City/Municipality Province
7. HEIGHT (m)	1.44	ZIP CODE	6505
8. WEIGHT (kg)	48	18. PERMANENT ADDRESS	N/A Zone 2 House/Block/Lot No. Street N/A Salvacion Subdivision/Village Barangay Dulag Leyte City/Municipality Province
9. BLOOD TYPE	B+	ZIP CODE	6505
10. UMID ID NO.	0111-4005682-9	19. TELEPHONE NO.	N/A
11. PAG-IBIG ID NO.	121100021212	20. MOBILE NO.	09061883548
12. PHILHEALTH NO.	12-051308449-3	21. E-MAIL ADDRESS (if any)	thea.aldiano@gmail.com
13. PhilSys Number (PSN):	4507-5104-7253-1963		
14. TIN NO.	452-153-958-000		
15. AGENCY EMPLOYEE NO.	N/A		

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	N/A		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (dd/mm/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	N/A			
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)		
MIDDLE NAME	Soriano			
25. MOTHER'S MAIDEN NAME				
SURNAME	Lauzon			
FIRST NAME	Venus			
MIDDLE NAME	Manacpo		(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	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 AQUACULTURE	2023	2025	N/A	2025	VLIR-UOS/ Cum laude

(Continue on separate sheet if necessary)

SIGNATURE		DATE	December 10, 2025
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S

[illegible]

(Continue on separate sheet if necessary)

[illegible][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)
	Singing				Philippine Veterinary Medical Association
	Guitar playing				Philippine Association of Belgian University Scholars

(Continue on separate sheet if necessary)

SIGNATURE	<i>Mica L. Aldiano</i>	DATE	December 11, 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)?	<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 checked="" 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, as amended); and (c) Expanded Solo Parents Welfare Act (RA 11861), 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	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL
Dr. Santiago T. Peña, Jr.	Office of the Vice President for Research, Extension, and Innovation	santiago.penair@vsu.edu.ph
Dr. Tu Thanh Dung	Department of Aquatic Pathology, Can Tho University, Vietnam	tdung@ctu.edu.vn
Dr. Annelies Declercq	Department of Animal Sciences and Aquatic Ecology, Ghent University	andclerc.declercq@ugent.be
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 <hr/> Government Issued ID: Passport <hr/> ID/License/Passport No.: P0201313C <hr/> Date/Place of Issuance: May 23, 2022/DFA Tacloban	<div style="text-align: center; font-family: cursive; font-size: 1.2em; margin-bottom: 10px;"> <i>Yhea L. Aldiano</i> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Signature (Sign inside the box) </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px; text-align: center;"> December 11, 2025 </div> <div style="border: 1px solid black; padding: 5px;"> Date Accomplished </div>	<div style="text-align: center;">  PHOTO </div> <div style="border: 1px solid black; height: 100px; margin-top: 20px; text-align: center; line-height: 100px;"> Right Thumbmark </div>
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above.		
<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <div style="color: red; font-size: 0.8em; margin-bottom: 10px;"> (wet signature/e-signature/digital certificate except for notary public) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> Person Administering Oath </div> </div>		