

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	de los Reyes		NAME EXTENSION (JR., SR)
FIRST NAME	Nneka Mailee		
MIDDLE NAME	Capeña		
3 DATE OF BIRTH (mm/dd/yyyy)	05/28/1995	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	San Carlos City, Negros Occidental	If holder of dual citizenship, please indicate the details.	
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	788 N/A House/Block/Lot No Street N/A Maros Subdivision/Village Barangay Baybay Leyte City/Municipality Province ZIP CODE 6521
7 HEIGHT (m)	1.6m	18 PERMANENT ADDRESS	788 N/A House/Block/Lot No Street N/A Maros Subdivision/Village Barangay Baybay Leyte City/Municipality Province ZIP CODE 6521
8 WEIGHT (kg)	49 kg		
9 BLOOD TYPE	B		
10 GSIS ID NO	N/A		
11 PAG-IBIG ID NO	121243702460		
12 PHILHEALTH NO	13-050205973-5		
13 SSS NO	07-3906046-3	19 TELEPHONE NO.	N/A
14 TIN NO	N/A	20 MOBILE NO.	+639610568154
15 AGENCY EMPLOYEE NO	N/A	21 E-MAIL ADDRESS (if any)	dvmnneka@gmail.com

II. FAMILY BACKGROUND

22 SPOUSE'S SURNAME	N/A		23 NAME OF CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	N/A	NAME EXTENSION (JR., SR)		
MIDDLE NAME	N/A			
OCCUPATION	N/A			
EMPLOYER/BUSINESS NAME	N/A			
BUSINESS ADDRESS	N/A			
TELEPHONE NO	N/A			
24 FATHER'S SURNAME	de los Reyes			
FIRST NAME	Eliseo	Jr.		
MIDDLE NAME	Honorio			
25 MOTHER'S MAIDEN NAME	Capeña			
SURNAME	Bernadita			
FIRST NAME	Posas			
MIDDLE NAME				

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	VISCA Foundation Elementary School	Primary Education	10/6/2002	03/26/2008	N/A	2008	With Honors
SECONDARY	Visayas State University Laboratory High School	Highschool	8/6/2008	03/27/2012	N/A	2012	With Honors
VOCATIONAL / TRADE COURSE	N/A	N/A	N/A	N/A	N/A	N/A	N/A
COLLEGE	Visayas State University	Doctor of Veterinary Medicine	7/6/2012	06/15/2018	N/A	2018	N/A
GRADUATE STUDIES	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(Continue on separate sheet if necessary)

SIGNATURE

DATE

September 5, 2022

[illegible]

(Continue on separate sheet if necessary)

V. WORK EXPERIENCE
(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

(Include private employment. Start from your recent work) Description of duties should be indicated in the attached Work Experience sheet.

[illegible]

(Continue on separate sheet if necessary)

DATE _____

September 5, 2022

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

(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 (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			
	WSAVA Vaccination guidelines for dogs and cats	05/25/2021	05/25/2021	3.0	Technical	World Small Animal Veterinary Association
	19th PVMA-CV Annual and 1st Visayas-wide scientific convention: Bringing continuing education for the professional veterinary practice in the region	11/29/2018	11/30/2018	16.0	Technical	Philippine Veterinary Medical Association - Central Visayas Chapter
	Department of Veterinary Medicine & Fisheries Animal Health Division - OJT	06/15/2017	4/7/2017	125.0	Technical	Department of Veterinary Medicine & Fisheries Animal Health Division
	Philippine Carabao Center at Ubay Stock Farm - OJT	12/4/2018	04/28/2018	170.0	Technical	Philippine Carabao Center, Department of Agriculture, Regional Office No.7
	Regional Animal Disease Diagnostic Laboratory, Regional Field Office No.7 - OJT	03/19/2018	04/16/2018	192.0	Technical	Regional Animal Disease Diagnostic Laboratory, Regional Field Office No.7
	Dreamland Nature and Adventure Park - OJT	02/25/2018	03/15/2018	143.0	Technical	Dreamland Nature and Adventure Park
	Cats n Dogs Veterinary Clinic - OJT	2/2/2018	02/23/2018	234.0	Technical	Cats n Dogs Veterinary Clinic
	Ubay Stock Farm, Regional Office No.7 - OJT	10/7/2017	07/29/2017	144.0	Technical	Ubay Stock Farm, Department of Agriculture, Regional Office No.7
	Suntory Farm Inc - OJT	05/19/2016	10/6/2016	200.0	Technical	Suntory Farm Inc
	Ubay Stock Farm, Regional Office No.7 - OJT	04/17/2016	05/17/2016	200.0	Technical	Ubay Stock Farm, Department of Agriculture, Regional Office No.7

(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)
	Computer literate		N/A		Philippine Veterinary Medical Association
	Good communication skills				
	Reading & Writing				
	Laboratory and practical veterinary skills				
	Organizing, Multi-tasking				
	Listening to music and singing				
	Physical exercise, cooking, baking				

(Continue on separate sheet if necessary)

SIGNATURE		DATE	September 5, 2022
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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)?

☐ YES ☒ NO
☐ YES ☒ 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?

☐ YES ☒ NO
If YES, give details: _____

☐ YES ☒ 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?

☐ YES ☒ 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?

☒ YES ☐ NO
If YES, give details: Resigned as a clinician to explore other field

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?

☐ YES ☒ NO
If YES, give details: _____

☐ YES ☒ NO
If YES, give details: _____

39. Have you acquired the status of an immigrant or permanent resident of another country?

☐ YES ☒ 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?

☐ YES ☒ NO
If YES, please specify: _____

☐ YES ☒ NO
If YES, please specify ID No: _____

☐ YES ☒ NO
If YES, please specify ID No: _____

41. REFERENCES (Person not related by consanguinity or affinity to applicant /appointee)

NAME	ADDRESS	TEL. NO.
Michelle O. Baylon	Dumaguete City, Negros Oriental	9177224274
Cortez Rieve L. Aballe	Argao, Cebu City	9275304998
Ma. Delia A. Pagente	Guadalupe, Baybay City, Leyte	9651339424

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.

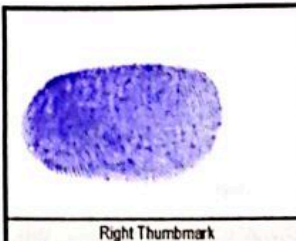


NINEKA ABALLE C. DE LOS REYES

Government Issued ID (i.e. Passport, GSIS, SSS, PRC, Driver's License, etc.)
PLEASE INDICATE ID Number and Date of Issuance

Government Issued ID: PRC
ID/License/Passport No.: 0009717
Date/Place of Issuance: 04/22/2021 Ormoc City, Leyte

Signature (Sign inside the box)
Date Accomplished



SUBSCRIBED AND SWORN to before me this SEP 08 2022, affiant exhibiting his/her validly issued government ID as indicated above.

DOC. NO. 1212
PAGE NO. 01
BOOK NO. 1
SERIES OF 1002

Atty. Myra Belle L. Aure
Public Attorney III
[Pursuant to R.A. No. 9406]

Person Administering Oath