CS Form No. 212
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. 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	Piamonte
FIRST NAME	Robelyn
NAME EXTENSION (JR., SR)	N/A
MIDDLE NAME	Tortillas
3. DATE OF BIRTH (mm/dd/yyyy)	03/15/1981
4. PLACE OF BIRTH	Baybay, Leyte
5. SEX AT BIRTH	☐ Male ☑ Female
6. CIVIL STATUS	☐ Single ☑ Married ☐ Widowed ☐ Separated ☐ Other/s:
7. HEIGHT (m)	1.49
8. WEIGHT (kg)	65.00
9. BLOOD TYPE	O+
10. UMID ID NO.	
11. PAG-IBIG ID NO.	N/A
12. PHILHEALTH NO.	N/A
13. PHilSys NO. (PSN)	
14. TIN NO.	N/A
15. AGENCY EMPLOYEE NO.	V00404

16. CITIZENSHIP	☑ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization
If holder of dual citizenship, please indicate the details.	Pls. indicate country: **Philippines**
17. RESIDENTIAL ADDRESS	Zone 5 / *House/Block/Lot No.* / *Street*; Cogon / *Subdivision/Village* / *Barangay*; BAYBAY / *City/Municipality*; LEYTE / *Province*
ZIP CODE	6521
18. PERMANENT ADDRESS	/ *House/Block/Lot No.* / *Street*; Cogon / *Subdivision/Village* / *Barangay*; BAYBAY / *City/Municipality*; LEYTE / *Province*
ZIP CODE	6521
19. TELEPHONE NO.	(053) 300-2340
20. MOBILE NO.	917-154-699
21. E-MAIL ADDRESS (if any)	rtpiamonte@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE\'S SURNAME	Piamonte	23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Sanross	John Matthew T Piamonte	08/09/2008
NAME EXTENSION (JR., SR)			
MIDDLE NAME	Uy		
OCCUPATION	OFW		
EMPLOYER/BUSINESS NAME	N/A		
BUSINESS ADDRESS	N/A		
TELEPHONE NO.	N/A		
24. FATHER\'S SURNAME	Tortillas		
FIRST NAME	Pedro		
NAME EXTENSION (JR., SR)			
MIDDLE NAME	Capuyan		
25. MOTHER\'S MAIDEN NAME	Loreta Esguerra Necio		
SURNAME	Tortillas		
FIRST NAME	Loreta		
MIDDLE NAME	Necio	*(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 From	PERIOD OF ATTENDANCE To	HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED
ELEMENTARY	Baybay North Central School	Elementary	1988	1994		1994	N/A
SECONDARY	Visca Laboratory High School	High School	1994	1998		1998	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	Visayas State University	Bachelor of Science in Agriculture (Major in Plant Protection)	1998	2002		2002	N/A
GRADUATE STUDIES	Visayas State University	Master of Science in Plant Pathology	2005	2011		2011	N/A

PLEASE SEE ATTACHMENT A

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	10/03/2025

Attachment A

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			
GRADUATE STUDIES	University of the Philippines at Los Baños	Doctor of Philosophy in Plant Pathology	2013	2018		2018	

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	10/03/2025

IV. CIVIL SERVICE ELIGIBILITY

27. CES/CSEE/CAREER SERVICE/RA 1080 (BOARD/ BAR)/UNDER SPECIAL LAWS/CATEGORY II/ IV ELIGIBILITY and ELIGIBILITIES FOR UNIFORMED PERSONNEL	RATING (If Applicable)	DATE OF EXAMINATION / CONFERMENT	PLACE OF EXAMINATION / CONFERMENT	LICENSE (if applicable)	
				NUMBER	Valid Until
Agriculturist		N/A	Tacloban City	0013984	03/15/2028
Career Service Professional Eligibility		N/A	N/A	PD 907	N/A
Accredited Organic Agriculture Researcher for Organic Bio-Control Agents (OBCA)		06/06/2025	Cebu City	BAFS-OADRS-AR-152	06/05/2027

(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.

28. INCLUSIVE DATES (mm/dd/yyyy)		POSITION TITLE (Write in full/Do not abbreviate)	DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/ N)
From	To				
01/01/2025	PRESENT	Associate Professor V	Visayas State University	Permanent	Y
04/22/2024		Associate Professor V	Visayas State University	Permanent	Y
01/01/2024	04/21/2024	Associate Professor IV	Visayas State University	Permanent	Y
01/01/2023		Associate Professor IV	Visayas State University	Permanent	Y
09/15/2022		Associate Professor IV	Visayas State University	Permanent	Y
07/01/2022		Assistant Professor IV	Visayas State University	Permanent	Y
01/01/2022		Assistant Professor IV	Visayas State University	Permanent	Y
01/01/2022		Assistant Professor IV	Visayas State University	Permanent	Y
01/01/2020		Assistant Professor IV	Visayas State University	Permanent	Y
01/01/2020		Assistant Professor IV	Visayas State University	Permanent	Y
07/01/2019	12/31/2019	Assistant Professor IV	Visayas State University	Permanent	Y
01/01/2019		Assistant Professor IV	Visayas State University	Permanent	Y
01/01/2018	12/31/2018	Assistant Professor II	Visayas State University	Permanent	Y
01/01/2017	12/31/2017	Instructor II	Visayas State University	Permanent	Y
01/01/2017		Assistant Professor II	Visayas State University	Permanent	Y
08/01/2016	12/31/2016	Instructor II	Visayas State University	Temporary	Y
01/01/2016	07/31/2016	Instructor II	Visayas State University	Temporary	Y
11/01/2015	12/31/2015	Instructor II	Visayas State University	Temporary	Y
01/01/2015	10/30/2015	Instructor II	Visayas State University	Temporary	Y
06/01/2012	12/31/2014	Instructor I	Visayas State University	Contractual	Y
06/01/2011	05/31/2012	Instructor I	Visayas State University	Contractual	Y
06/24/2010	05/31/2011	Instructor I	Visayas State University	Contractual	Y
09/01/2009	06/23/2010	Instructor I	Visayas State University	Permanent	Y

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	10/03/2025

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	N/A	N/A	N/A	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			
28th Federation of Plant Science Associations of the Philippines (FPSAP) Scientific Conference	08/26/2025	08/28/2025	24	Research	DOST PCAARRD
Online orientation for the renewal of accreditation of its OBCA Researchers	05/07/2025	05/07/2025	4	Research	DA - Bureau of Agriculture and Fisheries Standards
International Agri-Life and Bioresources Sciences Symposium	03/16/2025	03/19/2025	32	Research	VSU and Hiroshima University
2nd Regional Symposium of the Philippine Society of Biochemistry and Molecular Biology - Visayas Chapter	02/21/2019	02/22/2019	16	Technical	Philippine Society of Biochemistry and Molecular Biology (PSBMB) - Visayas Chapter; and Visayas State University (VSU)

(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)
N/A	Gerardo O. Ocfemia Outstanding Plant Pathologist in Instruction Award	Society for the Advancement of Philippine Soil Science, Inc. (SAPSS)
		PhilFruits Association
		Government Financial Management Innovators Circle (GFMIC), Inc.
		Philippine Schools, Universities and Colleges Computer Education and Systems Society (PSUCCESS), Inc
		Weed Science Society of the Philippines
		Philippine Phytopathological Society, Inc.

(Continue on separate sheet if necessary)

SIGNATURE		***DATE***	10/03/2025

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 apppointed, 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?	☐ YES ☑ NO If YES, give details:
b. Have you been criminally charged before any court?	☐ 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: **Resignation**
38. a. Have you ever been a candidate in a national or local election held within the last year (except Barangay election)?	☐ YES ☑ NO If YES, give details:
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:
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	OFFICE / RESIDENTIAL ADDRESS	CONTACT NO. AND/OR EMAIL
Ivy C. Emnace	OVPREI, VSU	565-0600 (1005)
Rotacio S. Gravoso	OVPAA, VSU	565-0600 (1001)
Suzette B. Lina	FAFS, Visayas State University	565-0600 (1083)

Passport-sized unfiltered digital picture taken within the last 6 months 4.5 cm. X 3.5 cm

PHOTO

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: **PRC**
ID/License/Passport No.: **0013984**
Date/Place of Issuance: 11/30/-0001 / PRC Tacloban

Signature (Sign inside the box)

10/03/2025

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