

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	Portugaliza					
FIRST NAME	Harvie	NAME EXTENSION (JR., SR) N/A				
MIDDLE NAME	Potot					
3. DATE OF BIRTH (mm/dd/yyyy)	02/12/1988	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:			
4. PLACE OF BIRTH	Cabucgayan, Leyte	If holder of dual citizenship, please indicate the details.	Philippines			
5. SEX	☒ Male ☐ Female					
6. CIVIL STATUS	☐ Single ☒ Married ☐ Widowed ☐ Separated ☐ Other/s:	17. RESIDENTIAL ADDRESS	Apartment 40 Killborne House/Block/Lot No. Street Visayas State University Subdivision/Village Barangay City/Municipality Province			
7. HEIGHT (m)	1.63	18. PERMANENT ADDRESS	Block 14, Lot 9 Phase 2 House/Block/Lot No. Street Villa Purita Hills Tubod Subdivision/Village Barangay MINGLANILLA CEBU City/Municipality Province			
8. WEIGHT (kg)	75.00		ZIP CODE	6046		
9. BLOOD TYPE	O+		19. TELEPHONE NO.	(053) 5650-6001		
10. GSIS ID NO.	N/A			20. MOBILE NO.	926-657-7602	
11. PAG-IBIG ID NO.	121091926328				21. E-MAIL ADDRESS (if any)	hportugaliza@vsu.edu.ph
12. PHILHEALTH NO.	130001064763					ZIP CODE
13. SSS NO.	N/A					
14. TIN NO.	414325802					
15. AGENCY EMPLOYEE NO.	V00762					

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	Portugaliza		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	Veda	NAME EXTENSION (JR., SR)	N/A	N/A
MIDDLE NAME	Manguilimotan			
OCCUPATION	Veterinarian			
EMPLOYER/BUSINESS NAME	Minglanilla Agriculture Office			
BUSINESS ADDRESS	Minglanilla Municipal Hall			
TELEPHONE NO.				
24. FATHER'S SURNAME	Portugaliza			
FIRST NAME	Teodoro	NAME EXTENSION (JR., SR)		
MIDDLE NAME	Ronquillo			
25. MOTHER'S MAIDEN NAME	Damiana A. Potot			
SURNAME	Portugaliza			
FIRST NAME	Damiana			
MIDDLE NAME	Potot		(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	Langgao Elementary School	Elementary	1996	2001		2001	Valedictorian
SECONDARY	Leyte National High School	High School	2001	2005		2005	Salutatorian
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	VISAYAS STATE UNIVERSITY	Doctor of Veterinary Medicine C	2005	2011		2011	Cum Laude
GRADUATE STUDIES	Visayas State University	Doctor of Veterinary Medicine	2005	2011		2011	Cum Laude

PLEASE SEE ATTACHMENT A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	04/26/2024
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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	Institute of Tropical Medicine	Master of Science in Tropical Animal Health	2013	2014		2014	
	University of Barcelona	Doctor in Transdisciplinary Global Health Solutions	2016	2020		2020	Cum Laude
(Continue on separate sheet if necessary)							
SIGNATURE			DATE		04/26/2024		

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			
	Writing the Method Section (Bio-Physical Science)	03/11/2024	03/12/2024	16	Technical	"Visayas State University (VSU), Visca, Baybay City, Leyte "
	Supervisory Development Course (SDC) Tracks 2 & 3	10/09/2023	10/13/2023	40	Supervisory	Civil Service Commission - Region 8
	Stakeholders' Meeting/Workshop on the Development of Plans and Strategies to Mitigate Disease Occurrence/Outbreaks of Economically Significant Animal Diseases	08/04/2023	08/04/2023	8	Technical	Provincial Veterinary Services Office of the Province of Southern Leyte
	19th Provincial City Municipality Veterinarian League of the Philippines (PCMVLP) Scientific Conference and Annual Convention	05/17/2023	05/20/2023	32	Technical	Provincial City Municipality Veterinarian League of the Philippines
	First International Training Program (ITP) workshop of the "Co-CiPhil: Co-creating environmental citizen science capacity in the Philippines."	05/02/2023	05/12/2023	112	Technical	VLIR-UOS ITP project Interuniversity Institute for Biostatistics and Statistical Bioinformatics (IBioStat), Hasselt University, Belgium; and Department Statistics, Visayas State University
	NSTEP Visayas Webinar-Workshop on Policy Brief Making	03/14/2023	03/15/2023	16	Technical	National Research Council of the Philippines
	Training on the Recognition of Priority and Emerging Animal Diseases	03/01/2023	03/03/2023	24	Technical	Agricultural Training Institute-Regional Training Center VII
	90th Philippine Veterinary Medical Association (PVMA) Scientific Conference and Annual Convention	02/15/2023	02/17/2023	24	Research	Philippine Veterinary Medical Association
	1st Western Visayas Companion Animal, Poultry and Livestock Conference	01/26/2023	01/27/2023	16	Research	Philippine College of Canine Practitioners; West Visayas State University
	1st Eastern Visayas Companion Animal Conference	10/24/2022	10/24/2022	12	Technical	Philippine College of Canine Practitioners and Philippine Veterinary Medical Association
	NRCP Visayas Regional Cluster (VRC) - Annual Scientific Conference and 19th Membership Assembly	10/19/2022	10/19/2022	8	Technical	National Research Council of the Philippines
	Assessment and Implementation of Day-1 Competencies (AID-1C) Workshop	10/13/2022	10/13/2022	8	Instruction	The Ohio State University, University of the Philippines-Los Baños, World Organization for Animal Health
	CSC Supervisory Development Course Track 1	09/20/2022	09/23/2022	32	Supervisory	Civil Service Commission - Region 8
	International Course Program (ICP) South Workshop 2022: Spatial Statistics and Metagenomics Data Analysis.	05/24/2022	05/27/2022	40	Technical	University of Hasselt and Visayas State University
	Preventing the Transfer of Sensitive Biological Research from Pharmaceutical and Related Research Facilities in the Eastern Asian Region to Proliferator States	03/10/2022	03/28/2022	72	Technical	Center for Agriculture and Food Security and Preparedness (CAFSP), The University of Tennessee
	Livestock Biotechnology Center – Implementation Plan Conceptualization and Writing-seminar Workshop: Addressing the Livestock Concerns Towards a Secure Future	07/07/2021	07/07/2021	8	Research	Department of Agriculture - Biotechnology Program Office
	Going Beyond the Fundamentals of Journal Publishing – Reproducibility in Research	06/02/2021	12/02/2021	8	Research	Elsevier Publishing Workshop Series
PLEASE SEE ATTACHMENT B						
(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		N/A		Philippine Association of Veterinary Medicine Educators and School	
					Philippine College of Veterinary Epidemiologists	
					Certified EpiCore Member	
					National Research Council of the Philippines	
					Philippine Society of Animal Science	
					Philippine Veterinary Medical Association	
(Continue on separate sheet if necessary)						
SIGNATURE				DATE	04/26/2024	

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: _____													
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) <table><tr><th>NAME</th><th>ADDRESS</th><th>TEL. NO.</th></tr><tr><td>Tomas J. Fernandez</td><td>Ormoc City</td><td></td></tr><tr><td>Eugene B. Lañada</td><td>Guadalupe, Baybay City, Leyte</td><td></td></tr><tr><td></td><td></td><td></td></tr></table>					NAME	ADDRESS	TEL. NO.	Tomas J. Fernandez	Ormoc City		Eugene B. Lañada	Guadalupe, Baybay City, Leyte				
NAME	ADDRESS	TEL. NO.														
Tomas J. Fernandez	Ormoc City															
Eugene B. Lañada	Guadalupe, Baybay City, Leyte															
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.			ID picture taken within the last 6 months 3.5 cm x 4.5 cm (passport size) With full and handwritten name tag and signature over printed name Computer generated or photocopied picture is not acceptable PHOTO Right Thumbmark													
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Driver's License, etc.) <i>PLEASE INDICATE ID Number and Date of Issuance</i> Government Issued ID: PASSPORT ID/License/Passport No.: P3509453C Date/Place of Issuance: 03/09/2023 / DFA CEBU		Signature (Sign inside the box) 04/26/2024 Date Accomplished														
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath																