CS Form No. 212 Revised 2017

PERSONAL DATA SHEET

READ THE ATTACHED GUIDE TO FIL	LLING OUT THE PERSONAL DATA SHEET (PDS) BE	FORE ACCOMPLISHING THE P	DS FORM.		-	line person concern			
I. PERSONAL INFORMATIC	s () and use separate sheet if necessary. Indicators	ate N/A if not applicable. DO	NOT ABBREVI	AIE.	1. CS ID No.		(Do not fill up. F	or CSC use only	
2. SURNAME	Mondal								
FIRST NAME	Nelsie				NAME EXTENSION (JR., SR) N/A				
MIDDLE NAME	Fernandez								
3. DATE OF BIRTH (mm/dd/yyyy)	12/08/1975	12/08/1975 16. CITIZENSHIP			✓ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalizati				
4. PLACE OF BIRTH	Baybay City, Leyte	If holder of dual citize	Pls. indicate country:			_ ′			
5. SEX	☐ Male ✓ Female	please indicate the details.		Philippines					
6. CIVIL STATUS	Single Married	17. RESIDENTIAL ADDRESS					Purok I		
	Widowed Separated Other/s:	Sub		se/Block/Lot No. odivision/Village			Street Pangasungan Barangay		
7. HEIGHT (m)	1.50			BAYBAY ty/Municipality			LEYTE		
8. WEIGHT (kg)	64.00			6521			Province		
9. BLOOD TYPE	A+	18. PERMANENT ADDRESS	Hou	se/Block/Lot No.			Purok I		
10. GSIS ID NO.	2005576928			bdivision/Village			Street Pangasungan Barangay		
11. PAG-IBIG ID NO.	121015303495	•		BAYBAY City/Municipality			LEYTE Province		
12. PHILHEALTH NO.	190897563227	ZIP CODE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6521				
13. SSS NO.	N/A 19. TELEPHONE NO.			N/A					
14. TIN NO.	N/A	20. MOBILE NO.		939-764-3709					
15. AGENCY EMPLOYEE NO.	V01143	21. E-MAIL ADDRESS (if any)			nelsie.mor	ndal@vsu.edu.pl	h		
II. FAMILY BACKGROUND									
22. SPOUSE\'S SURNAME	Mondal	NAME EXTENSION (ID. OD)	23. NAME of CH	TE of CHILDREN (Write full name and list all) DATE OF BIRT			H (mm/dd/yyyy)		
FIRST NAME	Hernando	NAME EXTENSION (JR., SR)		Carl Justin F. Mondal 12/18			3/2008		
MIDDLE NAME	Labayan								
OCCUPATION	Faculty								
EMPLOYER/BUSINESS NAME	Visayas State Univer	rsity							
BUSINESS ADDRESS	Visca, Baybay City, L	eyte							
TELEPHONE NO.									
24. FATHER\'S SURNAME	Fernandez								
FIRST NAME	Odon	NAME EXTENSION (JR., SR)							
MIDDLE NAME	Gucela								
25. MOTHER\'S MAIDEN NAME	Lilia Posas Modina	a							
SURNAME	Fernandez								
FIRST NAME	Lilia								
MIDDLE NAME	Modina			(Continue on separate sheet if necessary)					
III. EDUCATIONAL BACKG	ROUND					HIGHEOT		Laguerapoun	
26. LEVEL	NAME OF SCHOOL (Write in full)	BASIC EDUCATION/DEGR (Write in full)	EE/COURSE	PERIOD OF	ATTENDANCE To	HIGHEST LEVEL/UNITS EARNED (if not graduated)	YEAR GRADUATED	SCHOLARSHIP/ ACADEMIC HONORS RECEIVED	
ELEMENTARY	N/A								
SECONDARY	N/A								
VOCATIONAL/ TRADE COURSE	N/A								
COLLEGE	Visayas State College of Agriculture now Visayas State University	Bachelor of Science in Agriculture (I	Major in Agronomy)	1993	1998		1998	N/A	
GRADUATE STUDIES	N/A	Continuo on consente about it	000001						
SIGNATURE		Continue on separate sheet if nec	essary)	DA	ATE		03/28/2025		

IV. CIVIL SERVICE ELIGIBILITY									
27. CAREER SERVICE/ RA 1080 (BOARD/ BAR) UNDER			RATING	DATE OF			LICENSE (if a	oplicable)	
SPECIAL LAWS/ ČES/ CSEE BARANGAY ELIGIBILITY / DRIVER'S LICENSE		(If Applicable)	EXAMINATION / CONFERMENT				NUMBER	Date of Validity	
Career Service Sub-Professional		80.28	04/15/2018	Tacloba	n City, Leyte	City, Leyte		N/A	
Care	Career Service Professional Examination		81.19	03/17/2019	Ormoc	City, Leyte		N/A	N/A
V WORK	(Continue on separate sheet if necessary) V. WORK EXPERIENCE								
		ent. Start from your recent	t work) Descripti	on of duties should k	pe indicated in the attache	d Work Exper	ience sheet.		
(mr	SIVE DATES n/dd/yyyy)	POSITION TITI (Write in full/Do not ab		DEPARTMENT / AGENCY / OFFICE / COMPANY (Write in full/Do not abbreviate)		MONTHLY SALARY	SALARY/ JOB/ PAY GRADE (if applicable)& STEP (Format"00-0")/	STATUS OF APPOINTMENT	GOV'T SERVICE (Y/N)
01/01/2025	To PRESENT	Administrative Ai	de IV	Visavas	State University	16,958.00	INCREMENT 4-2	Permanent	Y
08/02/2024		Administrative Ai			State University	16,334.00	4-2	Permanent	Y
01/01/2024		Administrative Ai			State University	16,209.00	4-1	Permanent	Y
01/01/2023		Administrative Ai	de IV	Visayas	State University	15,586.00	4-1	Permanent	Y
08/02/2021		Administrative Ai	de IV	Visayas	State University	14,400.00	4-1	Permanent	Y
01/01/2021		Administrative Ai	de III	Visayas	State University	13,572.00	3-1	Permanent	Y
01/01/2021		Administrative Ai	de III	Visayas State University		13,572.00	3-1	Permanent	Y
01/01/2020		Administrative A	de III	Visayas State University		13,019.00	3-1	Permanent	Y
03/18/2019		Administrative Ai	de III	Visayas	12,466.00	3-1	Permanent	Y	
03/18/2019		Administrative Ai	de III	Visayas State University		12,466.00	3-1	Permanent	Y
				(Continue on separate she	pot if necessary)				
SIGNATURE SIGNATURE				DATE		03/28/2	2025		
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VI. VOLUNTARY WORK OR INVOLVEMENT IN CIVIC / NON-GOVERNMENT / PEOPLE / VOLUNTARY ORGANIZATION/S								
29. NAME & ADDRESS OF OR (Write in full)		INCLUSIV	/E DATES d/yyyy) To	NUMBER OF HOURS	POSITION / NATURE OF WORK			
N/A		N/A	N/A	N/A		N/A		
		(Continue on separat	te sheet if necessary)					
VII. LEARNING AND DEVELOPMENT (L&D) (Start from the most recent L&D/training program and include					agerial positions)			
30. TITLE OF LEARNING AND DEVELOPMENT INTERVENTIONS/TRAINING PROGRAMS (Write in full)			E DATES OF IDANCE d/yyyy)	NUMBER OF HOURS	Type of LD (Managerial/ Supervisory/ Technical/etc)	CONDUCTED/ SPONSORED BY (Write in full)		
N/A		N/A	N/A	N/A	N/A	N/A		
(Continue on separate sheet if necessary) VIII. OTHER INFORMATION								
31. SPECIAL SKILLS and HOBBIES	32. NO		TINCTIONS / RECO	OGNITION		33. MEMBERSHIP IN ASSOCIATION/ORGANIZATION (Write in full)		
N/A		N	/A		Administrative Personnel Association			
		(Continue on separa	te sheet if necessary)			20/20/202		
SIGNATURE				DATE 03/28/2025				

the chief of bureau or office or to the person who has Office, Bureau or Department where you will be appped a. within the third degree? b. within the fourth degree (for Local Government Unit		ZNO ZNO	
35. a. Have you ever been found guilty of any administrati	YES If YES, give details:	✓NO	
b. Have you been criminally charged before any court	TYES If YES, give details: Date Filed: Status of Case/s:	ZNO	
36. Have you ever been convicted of any crime or violatio regulation by any court or tribunal?	YES If YES, give details:	/ NO	
37. Have you ever been separated from the service in any retirement, dropped from the rolls, dismissal, terminati phased out (abolition) in the public or private sector?	YES If YES, give details:	Z NO	
38. a. Have you ever been a candidate in a national or loc (except Barangay election)?			
b. Have you resigned from the government service du last election to promote/actively campaign for a nation	YES If YES, give details:	/NO	
39. Have you acquired the status of an immigrant or perm	YES If YES, give details (cou	∠NO untry):	
 40. Pursuant to: (a) Indigenous People\'s Act (RA 8371); (7277); and (c) Solo Parents Welfare Act of 2000 (RA 8 a. Are you a member of any indigenous group? b. Are you a person with disability? c. Are you a solo parent? 	☐YES ☐YES, please specify: ☐YES ☐YES, please specify Ⅱ	NO	
41. REFERENCES (Person not related by consanguinity or affinity to a	oplicant /appointee)		
NAME	ADDRESS	TEL. NO.	ID picture taken within
Jennifer E. Ando	VSU, Visca, Baybay City, Leyte	565-0600 1060	the last 6 months 3.5 cm x 4.5 cm (passport size)
Beatriz S. Belonias	VSU, Visca, Baybay City, Leyte	09173113309	With full and handwritten
Rotacio S. Gravoso	VSU, Visca, Baybay City, Leyte	09276333892	name tag and signature over printed name
42. I declare under oath that I have personally accomplise complete statement pursuant to the provisions of per Philippines. I authorize the agency head/authorized reagree that any misrepresentation made in this deagadministrative/criminal case/s against me.	Republic of the stated herein. I	Computer generated or photocopied picture is not acceptable PHOTO	
Government Issued ID (i.e.Passport, GSIS, SSS, PRC, Drivert's License, etc.) PLEASE INDICATE ID Number and Date of Issuance Government Issued ID: N/A ID/License/Passport No.: N/A Date/Place of Issuance: N/A	Signature (Sign inside the 03/28/2025 Date Accomplished	box)	Right Thumbmark
SUBSCRIBED AND SWORN to before me this	nibiting his/her validly issued	d government ID as indicated above.	
	Person Administering Oa		_