

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	Nazal		
FIRST NAME	Vanessa	NAME EXTENSION (JR., SR) N/A	
MIDDLE NAME	Wabina		
3. DATE OF BIRTH (mm/dd/yyyy)	02/15/1989	16. CITIZENSHIP	☒ Filipino ☐ Dual Citizenship ☐ by birth ☐ by naturalization Pls. indicate country:
4. PLACE OF BIRTH		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	Siteo Pandan House/Block/Lot No. Street Bitanhuan Barangay Subdivision/Village BAYBAY LEYTE City/Municipality Province
7. HEIGHT (m)	1.63	ZIP CODE	6521
8. WEIGHT (kg)	60.00		
9. BLOOD TYPE	B+	18. PERMANENT ADDRESS	House/Block/Lot No. Street Subdivision/Village Barangay City/Municipality Province
10. GSIS ID NO.	N/A	ZIP CODE	
11. PAG-IBIG ID NO.	N/A		
12. PHILHEALTH NO.	N/A		
13. SSS NO.	N/A	19. TELEPHONE NO.	N/A
14. TIN NO.	N/A	20. MOBILE NO.	935-126-9040
15. AGENCY EMPLOYEE NO.	VJO00605	21. E-MAIL ADDRESS (if any)	vanz.nazal@vsu.edu.ph

II. FAMILY BACKGROUND

22. SPOUSE'S SURNAME	NAZAL		23. NAME of CHILDREN (Write full name and list all)	DATE OF BIRTH (mm/dd/yyyy)
FIRST NAME	GERALD	NAME EXTENSION (JR., SR)	Hailey Gevan W. Nazal	12/02/2011
MIDDLE NAME	AVELLANA			
OCCUPATION	Project Supervisor			
EMPLOYER/BUSINESS NAME	Robig Builders and Development			
BUSINESS ADDRESS	Unit 2003, OMM Citra Building, San Miguel Ave, Ort			
TELEPHONE NO.	25843538			
24. FATHER'S SURNAME	WABINA			
FIRST NAME	ERNESTO	NAME EXTENSION (JR., SR)		
MIDDLE NAME	ODIAS			
25. MOTHER'S MAIDEN NAME	ZAMORA			
SURNAME	COSARES			
FIRST NAME	MARIA ESTRELLA			
MIDDLE NAME	ZAMORA		(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	N/A						
SECONDARY	Bitanhuan National High School	High School	2001	2005		2005	N/A
VOCATIONAL/ TRADE COURSE	N/A						
COLLEGE	N/A						
GRADUATE STUDIES	N/A						

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/26/2024
-----------	--	------	------------

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			
	Faculty Onboarding 2nd Semester A.Y. 2023-2024	01/15/2024	01/15/2024	8	Instruction	Instruction and Evaluation Office, Visayas State University
	HRIS Software Onboarding	12/06/2023	12/06/2023	8	Technical	HUMAN RESOURCE MANAGEMENT OFFICE, VISAYAS STATE UNIVERSITY
	Unlocking Excellence: 5S Revolution for Clerks and Heads at the Visayas State University	11/29/2023	11/29/2023	4	Technical	Office of the President, Visayas State University
	University Curriculum and Instruction Review	10/02/2023	10/06/2023	32	Instruction	OVPAA
	Microsoft Office 365 A3 End-User Training	08/18/2023	08/18/2023	5	Technical	Instruction and Evaluation Office, Visayas State University
	Mental Health Wellness Seminar	04/25/2023	04/25/2024	4	Technical	ODHRM Visayas State University
	Learn and Re-learn: VSU Table of Specifications and Item Test Analysis	04/04/2023	04/04/2023	4	Instruction	Instruction and Evaluation Office, Visayas State University
	Faculty Onboarding 2nd Semester A.Y. 2022-2023	02/17/2023	02/17/2023	8	Instruction	Instruction and Evaluation Office, Visayas State University
	ISO 9001:2015 Awareness/Re-awareness Virtual Seminar	02/15/2023	02/15/2023	3	Technical	Office of the President, Visayas State University
	Mandatory Orientation and Re-Orientation of Academic Advisers and Department Enrolment Focal Persons for 2nd Semester AY 2022-2023	02/10/2023	02/10/2023	4	Technical	Instruction and Evaluation Office, Visayas State University
	Orientation/Re-orientation of Duties and Responsibilities of dDRCs and AdDRCs, and Cascading of Documents and Records Control Procedure Manuals and Guidelines	09/07/2022	09/07/2022	4	Technical	Office of the Director for Quality Assurance, Visayas State University
	Attended the ISO 9001:2015 Awareness/Re-awareness Seminar	08/30/2022	08/31/2022	4	Technical	Office of the President, Visayas State University
	HANDS ONLY CARDIOPULMONARY RESUSCITATION	07/21/2022	07/22/2022	4	Technical	Department of Health Eastern Visayas Center for Health Development
	Women Inspiring Women	03/07/2022	03/07/2022	3	Technical	Gender Resource Center
	Trends in Soft Matter Research and Its Application	02/04/2022	02/04/2022	8	Research	Department of Physics, Visayas State University
	Webinar on "Women's Reproductive Health: Breast Cancer and Gynecological Cancers"	10/07/2021	10/07/2021	4	Technical	USHER, Visayas State University
	SEAMO Innovative Teaching Festival	10/05/2021	10/05/2021	4	Instruction	Southeast Asian Ministers of Education Organization (SEAMEO)

PLEASE SEE ATTACHMENT A

(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		N/A

(Continue on separate sheet if necessary)

SIGNATURE		DATE	02/26/2024
-----------	--	------	------------

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>Nancy D. Abunda</td><td>VSU</td><td>09484143834</td></tr><tr><td>Ma. Rachel Kim L. Aure</td><td>VSU</td><td>09338209486</td></tr><tr><td>Beatriz S. Belonias</td><td>VSU</td><td>09173113309</td></tr></table>						NAME	ADDRESS	TEL. NO.	Nancy D. Abunda	VSU	09484143834	Ma. Rachel Kim L. Aure	VSU	09338209486	Beatriz S. Belonias	VSU	09173113309
NAME	ADDRESS	TEL. NO.															
Nancy D. Abunda	VSU	09484143834															
Ma. Rachel Kim L. Aure	VSU	09338209486															
Beatriz S. Belonias	VSU	09173113309															
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: N/A ID/License/Passport No.: N/A Date/Place of Issuance: N/A		Signature (Sign inside the box) 02/26/2024 Date Accomplished															
SUBSCRIBED AND SWORN to before me this _____, affiant exhibiting his/her validly issued government ID as indicated above. Person Administering Oath																	