**PERSONAL DATA SHEET – NBC 461**

NOTE: THIS FORM WILL BE FILLED BY THE APPLICANT / FACULTY MEMBERS OF STATE COLLEGE/UNIVERSITY

INSTRUCTIONS:

1. FILL OUT THIS FORM ACCURATELY AND LEGIBLY. TYPEWRITTEN OR HANDWRITTEN. REFER TO ATTACHED NOTES FOR DETAILS.
2. FOR ADDITIONAL SPACE USE THE SAME SIZE OF BOND PAPER. FOLLOW THE SAME FORMAT.

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| **Name:** |
| **Date: Sex:** |
| **Civil Status:** |
| **Home Address: Telephone Number:** |
| **Mailing Address: Telephone Number:** |
| **College:** |
| **Department:** |
| **Present Rank/Subrank:** |
| **Status of Appointment:** |
| **Annual Salary:** |
| **Date of Last Appointment/NOSA:** |

**EDUCATIONAL QUALIFICATION**

* 1. Higher relevant academic degree or educational attainment and additional equivalent degree earned related to the present position.

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| **DEGREE EARNED** | **SPECIALIZATION** | **INSTITUTION** | **YEAR OBTAINED** |
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* 1. Additional credits earned towards an appropriate higher degree.

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| **BACCALAUREATE** | **MASTERAL** | **DOCTORAL** |
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* 1. **EXPERIENCE AND LENGTH OF SERVICE**
	2. Academic Experience (includes full-time teaching, research, extension service, administrative experience and industrial experience).

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**3.0 PROFESSIONAL DEVELOPMENT, ACHIEVEMENT AND HONORS**

3.1 innovations, patented inventions, publications and other creative works.

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| **NATURE OF INNOVATIONS/INVENTIONS** | **PATENT NUMBER** | **YEAR PATENTED** |
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3.1.2 – 3.1.4 - Published books, research monographs, articles, instructional manual, workbooks, films, compositions.

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| **Nature (books, articles, instructional materials)** | **Complete Title** | **Role** | **Publisher** | **Date of Publication** |
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3.2 Expert Services, Training and Active Participation in professional/technical activities.

3.2.1 Training Courses and Seminars

A. Trainings

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| **Title of Training** | **Sponsoring Agency** | **Level (Int’l, Nat’l, Reg’l, Local)** | **Inclusive Date** |
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B. Conferences, Seminars, etc.

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| **Title of Conference** | **Sponsoring Agency** | **Inclusive Dates** |
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3.2.2 Expert Services

A. Consultancy

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| **Nature/Area of Consultancy** | **Country** | **Sponsoring Agency** | **Inclusive Dates** |
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B. Active Participation in trainings, workshops, conferences, as coordinator, lecturer, resource person, guest speaker.

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| **Title of Conference, Seminar, Workshop, etc.** | **Nature of Participation** | **Sponsoring Agency** | **Inclusive Dates** |
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C. For expert services as adviser in doctoral and masteral thesis.

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| **Title of Paper** | **Nature** | **Inclusive Dates** |
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D. For Certified services (includes reviewer/examiner in PRC or CSC, accreditation work, trade skill certification, service as coach/trainer, adviser of student organization.

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| **Nature/Area** | **Company/Agency** | **Inclusive Dates** |
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3.3 Membership in professional organizations/honor societies and honors received.

3.3.1 Membership in professional/honor societies.

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| **Name of Organization** | **Date of Membership** |
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3.3.2 Academic honors received.

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| **Honors Received** | **Degree Obtained** | **Institution Address** |
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3.3.3 Scholarship/Fellowship

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| **Title of Scholarship** | **Nature****(Competitive: Int’l/Nat’l/Reg’l/Local****Non-competitive: Int’l/Nat’l/Reg’l/Local** | **Sponsoring Agency** | **Inclusive Dates** |
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3.4 Award of Distinction received in recognition of achievement in relevant areas of specialization/profession/assignment.

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| **Title of Award of Distinction** | **Field of Service** | **Grantee Organization** | **Level: Int’l/Nat’l/Reg’l/Local/Institutional** |
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3.5 Community Outreach: Service oriented projects participated in the community.

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| **Project** | **Participation/Service** | **Sponsoring Agency** | **Inclusive Dates** |
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3.6 Professional Examinations

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| **Title of Examination** | **Rating** | **Date** |
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 I hereby certify to the correctness and accuracy of the statements.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Applicant/Faculty Member

 Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_affiant

 Exhibiting to me his/her Community Tax Certificate No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_issued at \_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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 Chief Administrative Officer

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