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DATE SENT

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ATTACHMENTS

FOREIGN OPERATIONS ADMINISTRATION BIOGRAPHICAL DATA

On Technical Assistance Participants Visiting the U. S.

TO BE COMPLETED BY U.S.O.M.

TA NO.

M.S.U. Contract

ACTIVITY TITLE

Organization and met

COUNTRY

Vietnam

FIELD OF ACTIVITY

Pub. Administration

PROPOSED ARRIVAL DATE U.S.

September 1958

PROPOSED DURATION OF VISIT

12 months

INSTRUCTIONS TO PARTICIPANTS: Prepare this form on a typewriter in English. In order to prevent delay and to assist in planning your program, answer every question clearly and completely. If more space is needed, use a blank sheet of typing paper. Write your name, country, and date of birth on each sheet.

INFORMATION REGARDING PARTICIPANT

1. NAME (Last or Surname in capital letters)	(First)	(Middle)	SEX (M or F)
LU	PHAM	SUNG	M
2. ADDRESS (Street)	(City or Town)	(Country)	
212, Trang-Quang-Khai	Saigon	Vietnam	
3. BIRTH DATE (Day, Month, Year)	4. BIRTH PLACE (City & Country)	5. COUNTRY OF CITIZENSHIP	
27-1-1917	Thanh-Hoa	(Center of Vietnam)	
6. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR SPOUSE, YOUR FATHER, AND YOUR MOTHER			
SPOUSE	NAME Dao Thi Xuan Dau	DATE OF BIRTH 1921	PLACE OF BIRTH Thai-Binh (North of VN)
MOTHER	Pham-Thi-Tam	1895	Thanh-Hoa
FATHER	Pham-Ngoc-Thuc	1891	Ha-Dong
7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address, and Relationship)			
Dao-Thi Xuan-Dau, 212 Tran-Quang-Khai Saigon (wife)			
8. PERSON IN U. S. TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address, and Relationship)			
No			
9. HAVE YOU EVER BEEN IN THE U. S.? IF SO, WHEN, WHERE, FOR HOW LONG AND FOR WHAT PURPOSE?			
No			
10. HAVE YOU EVER TRAVELLED TO COUNTRIES OTHER THAN U. S., IF SO, WHEN, WHERE, AND FOR HOW LONG? (Include travel for educational purposes as well as pleasure)			
No			
11. HAVE YOU PARTICIPATED IN OR APPLIED FOR ANY OTHER U. S., U. N., OR PRIVATE TECHNICAL ASSISTANCE ACTIVITY? IF SO, SPECIFY:			
No			
12. LIST MEMBERSHIP IN EDUCATIONAL, PROFESSIONAL, AGRICULTURAL, LABOR OR OTHER TYPES OF ORGANIZATIONS AND SOCIETIES OF A SIMILAR NATURE. IF YOU HOLD OFFICE IN ANY OF THESE ORGANIZATIONS, SPECIFY.			
No			
13. OBJECT OF PROPOSED VISIT. BE SPECIFIC. INDICATE FIELD OF ENDEAVOR, CROP, PRODUCT, PROCESS, TECHNIQUE, ETC. TO BE OBSERVED, STUDIED, OR WORKED ON. E. G. MILK MARKETING, ETC.			

To participate in a MSU/Saigon sponsored tour to U.S. for a period of 12 Months.

NAME OF PARTICIPANT Pham Sung-Lu	COUNTRY Vietnam	DATE OF BIRTH January 17, 191
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14. EDUCATION: INCLUDE INFORMATION CONCERNING PREPARATORY OR SECONDARY SCHOOLS, UNIVERSITIES OR OTHER INSTITUTIONS OF EQUIVALENT RANK, IF YOU ATTENDED A TRADE OR VOCATIONAL SCHOOL OR COMPLETED APPRENTICESHIP INCLUDE THAT ALSO.

SCHOOLS ATTENDED	TYPE	COURSE OF STUDY OR MAJOR	DEGREES, DIPLOMAS OR CERTIFICATES	DATE	
				FROM	TO
College Thanh-Hoa	middle	Secondary	Junior High	1931	1935
College Vinh	(school		School cert.	1935	1936
Lyceum Gialong	Secondary			1939	1940
	Education		Bacc.I		

15. EMPLOYMENT

(A) EXACT TITLE OF YOUR PRESENT POSITION Secretary		DATE EMPLOYED FROM December 1956 , July 58 TO PRESENT TIME
PRESENT EMPLOYER'S NAME AND ADDRESS Ministry of Public Works (service of Order to pay)		APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION (Number of employees or volume of business)
KIND OF BUSINESS OR ORGANIZATION (Foundry, Milk Marketing, Cotton Textile Mfg., etc.)	MACHINES OPERATED (if applicable)	NUMBER AND KIND OF EMPLOYEES YOU SUPERVISE, IF ANY
DESCRIPTION OF YOUR DUTIES Correspondance, Archives		

(B) DO YOU EXPECT TO RETURN TO THIS SAME POSITION? () YES (X) NO IF NOT, HOW IS THE PROGRAM RELATED TO YOUR STUDIES AND FUTURE PLANS?

No - I hope to be allowed to practice my knowledge after studying the organization and method and serve usefully my country


(C) EXACT TITLE OF YOUR LAST PREVIOUS POSITION Secretary		DATES EMPLOYED FROM TO
PREVIOUS EMPLOYER'S NAME AND ADDRESS Chief of Province Quang Nam		APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION (Number of employees or volume of business)
KIND OF BUSINESS OR ORGANIZATION (Foundry, Milk Marketing, Cotton Textile Mfg., etc.)	MACHINES OPERATED (if applicable)	NUMBER AND KIND OF EMPLOYEES YOU SUPERVISED, IF ANY
DESCRIPTION OF YOUR DUTIES Correspondance - Archives		

16. LANGUAGE PROFICIENCY	READING			SPEAKING			UNDERSTANDING		
	EXCELLENT	GOOD	FAIR	EXCELLENT	GOOD	FAIR	EXCELLENT	GOOD	FAIR
ENGLISH			X			X			X
OTHER French		X			X			X	

BEFORE SIGNING THIS FORM CHECK BACK OVER IT TO MAKE SURE THAT YOU HAVE ANSWERED ALL QUESTIONS CORRECTLY.

I CERTIFY that I have reviewed the statements made in this application and that they are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I further agree that if I am accepted under this program, I will follow diligently the program arranged as requested by my government and will not seek extension of the period of my program. I further agree that upon completion of my training, I will return to my country without delay and will endeavor to utilize, for the benefit of my country the training acquired under this program.

June 30, 1958

SIGNATURE OF PARTICIPANT 	DATE
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LANGUAGE CERTIFICATION: I CONCUR IN ITEM 16 ENTRIES FOR ENGLISH () YES () NO. IF "NO", EXPLAIN:

OFFICIAL TITLE	SIGNATURE OF OFFICIAL	DATE
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