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purposes.

ET	DATE SENT	FOREIGN OPERATIONS ADMINISTRATION BIOGRAPHICAL DATA	
H	DATE RECEIVED	On Technical Assistance Participants Visiting the U. S.	
to	ATTACHMENTS	TO BE COMPLETED BY U.S.O.M.	
h		TA NO.	ACTIVITY TITLE
le		M.S.U. Contract	Organization and meth
zo		COUNTRY	FIELD OF ACTIVITY
it,		Vietnam	Pub. Administration
js		PROPOSED ARRIVAL DATE U.S.	PROPOSED DURATION OF VISIT
or		September 1958	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 TRAVELED 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, 1917	
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
			Junior High		
			School cert.		
College Thanh-Hoa	middle school	Secondary Education	Bacc.I		
College Vinh					
Lyceum Gialong					

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

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 _____
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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