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PAGE 1
FOREIGN OPERATIONS ADMINISTRATION
BIOGRAPHICAL DATA

On Technical Assistance Participants Visiting the U. S.

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

| | |
|-----------------|-----------------------|
| TA NO. | ACTIVITY TITLE |
| M.S.U. Contract | Civil Police |
| COUNTRY | FIELD OF ACTIVITY |
| Viet-Nam | Police Administration |

PROPOSED ARRIVAL DATE U.S.
October 1958PROPOSED 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)
PHAT Le Quan M

2. ADDRESS (Street) (City or Town) (Country)
652/1, Nguyen Trai ChoLon Vietnam

3. BIRTH DATE (Day, Month, Year) 4. BIRTH PLACE (City & Country) 5. COUNTRY OF CITIZENSHIP
29-3-1925 Long xuyen South V.N. Viet-Nam

6. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR SPOUSE, YOUR FATHER, AND YOUR MOTHER

| | | | |
|--------|---------------|---------------|-------------------------|
| SPOUSE | NAME | DATE OF BIRTH | PLACE OF BIRTH |
| | Pham Thi Mi | 4-4-1930 | Vinh Long South Vietnam |
| MOTHER | Nguyen Thi Tu | 67 years old. | Long-xuyen South V.N. |
| FATHER | Le Thanh Vong | 67 - | OCCUPATION |

7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address, and Relationship)
Mrs. Phan Thi Mi, Long Thoi, Cho lach VINH LONG spouse

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 M.S.U./Saigon sponsored tour to U.S. for a period of 12 months.

| | | | | | |
|--|-------------------------|---|-----------------------------------|-----------------------------------|-------------------|
| NAME OF PARTICIPANT <u>PHAT</u> - <u>Le Quan</u> | | | COUNTRY <u>Vietnam</u> | DATE OF BIRTH <u>29-3-1925</u> | |
| 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 <u>Catholic school</u> | TYPE <u>seminary</u> | COURSE OF STUDY OR MAJOR <u>Philosophy</u> | DEGREES, DIPLOMAS OR CERTIFICATES | DATE | |
| | | | | FROM <u>1939</u> | TO <u>1945</u> |

15. EMPLOYMENT

| | | | |
|---|--|-----------------------------------|--|
| (A) EXACT TITLE OF YOUR PRESENT POSITION <u>Chief of secretariat</u> | | | DATE EMPLOYED FROM <u>12-1955</u> TO PRESENT TIME |
| PRESENT EMPLOYER'S NAME AND ADDRESS <u>Directorate of Civil Guard</u> | | | APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION (Number of employees or volume of business) <u>about 30</u> |
| 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

Controlling incoming and outgoing mail - controlling general service of all offices.

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

Yes.

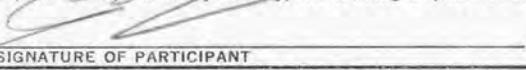
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|--|--|-----------------------------------|---|
| (C) EXACT TITLE OF YOUR LAST PREVIOUS POSITION <u>Chief of mobile unit Team - Information Service Chau Doc.</u> | | | DATES EMPLOYED FROM <u>Mai 1955</u> TO <u>Decembre 1955</u> |
| PREVIOUS EMPLOYER'S NAME AND ADDRESS <u>Ministry of Information</u> | | | 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

| 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 16, 1958

DATE

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

| | | |
|----------------|-----------------------|------|
| OFFICIAL TITLE | SIGNATURE OF OFFICIAL | DATE |
|----------------|-----------------------|------|