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FOREIGN OPERATIONS ADMINISTRATION
BIOGRAPHICAL DATA

PAGE 1

On Technical Assistance Participants Visiting the U. S.

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

TA NO.

M.S.U. Contract

ACTIVITY TITLE

Civil Police

COUNTRY

Viet-Nam

FIELD OF ACTIVITY

Police Administration

PROPOSED ARRIVAL DATE U.S.

October 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)
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	NAME	DATE OF BIRTH	PLACE OF BIRTH
	Nguyen Thi Tu	67years old.	Long-xuyen South V.N.
FATHER	NAME	DATE OF BIRTH	OCCUPATION
	Le Thanh Vong	67 -	
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 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 M.S.U./Saigon sponsored tour to U.S. for a period of 12 months.

NAME OF PARTICIPANT PHAT - Le Quan			COUNTRY Vietnam		DATE OF BIRTH 29-3-1925	
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		
Catholic school	seminary	Philosophy		1939	1945	
15. EMPLOYMENT						
(A) EXACT TITLE OF YOUR PRESENT POSITION Chief of secretariat			DATE EMPLOYED FROM 12-1955 TO PRESENT TIME			
PRESENT EMPLOYER'S NAME AND ADDRESS Directorate of Civil Guard			APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION (Number of employees or volume of business) about 30			
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? <input checked="" type="checkbox"/> YES () NO IF NOT, HOW IS THE PROGRAM RELATED TO YOUR STUDIES AND FUTURE PLANS?						
Yes.						
(C) EXACT TITLE OF YOUR LAST PREVIOUS POSITION Chief of mobile unit Team - Information Service Chau Doc.			DATES EMPLOYED FROM Mai 1955 TO Decembre 1955			
PREVIOUS EMPLOYER'S NAME AND ADDRESS Ministry of Information			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						

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

SIGNATURE OF PARTICIPANT

June 16, 1958

DATE

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

OFFICIAL TITLE	SIGNATURE OF OFFICIAL	DATE