

BIO-DATAACTION
INFO.

DATE SENT

DATE RECEIVED

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

COUNTRY

VIET-NAM

FIELD OF ACTIVITY

Police Administration

PROPOSED ARRIVAL DATE U.S.

September 1958

PROPOSED DURATION OF VISIT

2 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)
PHUOC		Tran	Van	M
2. ADDRESS (Street)		(City or Town)	(Country)	
1, Duong Phap Quoc		Dalat	Viet Nam	
3. BIRTH DATE (Day, Month, Year)	4. BIRTH PLACE (City & Country)		5. COUNTRY OF CITIZENSHIP	
23 8 1918	Takeo, Cambodia		Viet Nam	
6. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR SPOUSE, YOUR FATHER, AND YOUR MOTHER				
SPOUSE	NAME	DATE OF BIRTH	PLACE OF BIRTH	
	Nguyen-Thi-Quoi	19-1-1921	Phnompenh	
MOTHER	NAME	DATE OF BIRTH	PLACE OF BIRTH	
	Truong-Thi-Mân	1895	Sonlong (Takeo)	
FATHER	NAME	DATE OF BIRTH	OCCUPATION	
	Trân-Van-Phat	1893	Sadec	
7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address, and Relationship)				
Mrs. Tran-Van-Phuoc, 1, Phap-Quoc Street, Dalat, Viet-Nam Wifehouse				
8. PERSON IN U. S. TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address, and Relationship)				
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)				
Philippines,	Hongkong	Japan	Burma	Cambodge
(1957)	(1958)	(1957)	(1958)	(1957)
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.				

Observation on Police Organisation in U.S.A.

NAME OF PARTICIPANT TRAN - VHM - PHUOC	COUNTRY Vietnam	DATE OF BIRTH 23-8-1918
--	---------------------------	-----------------------------------

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
Primary School			Primary	6	years
Secondary School			Secondary-Bachelor	7	years
University			Licence en Droit	3	years

15. EMPLOYMENT

(A) EXACT TITLE OF YOUR PRESENT POSITION Mayor of Dalat City and Director of National Police and Surete of Vietnam	DATE EMPLOYED FROM 23-9-1956 TO PRESENT TIME
PRESENT EMPLOYER'S NAME AND ADDRESS	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	

(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?

(C) EXACT TITLE OF YOUR LAST PREVIOUS POSITION	DATES EMPLOYED FROM TO
PREVIOUS EMPLOYER'S NAME AND ADDRESS	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	

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

May 22, 1958

SIGNATURE OF PARTICIPANT	DATE
LANGUAGE CERTIFICATION: I CONCUR IN THE 16 ENTRIES FOR ENGLISH () YES () NO. IF "NO", EXPLAIN:	
OFFICIAL TITLE Director of Police Forces PHN	SIGNATURE OF OFFICIAL
FOA-582 (REV. 2-54)	DATE