

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 Archival management
COUNTRY Vietnam	FIELD OF ACTIVITY Public 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) <u>QUANG</u>	(First) Tong	(Middle) Huu	SEX (M or F) M
2. ADDRESS (Street) 561/16 Phan-Thanh-Gian St.		(City or Town) South	(Country) Vietnam
3. BIRTH DATE (Day, Month, Year) 1.9.1923	4. BIRTH PLACE (City & Country) Thoi-Thanh (Can Tho)	5. COUNTRY OF CITIZENSHIP Vietnam	
6. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR SPOUSE, YOUR FATHER, AND YOUR MOTHER			
SPOUSE	NAME Ho-Thi-Hanh	DATE OF BIRTH 1933	PLACE OF BIRTH Tan-An (Can-Tho)
MOTHER	Nguyen-Thi-Xuyen	58	
FATHER	Tong-Phuoc-Truong	deceased	OCCUPATION
7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address, and Relationship) Mrs. Ho-Thi-Hanh, epouse, 561/16 Phan-Thanh-Gian Saigon			
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 <b>Tong Huu QUANG</b>		COUNTRY <b>Vietnam</b>		DATE OF BIRTH <b>1.9.1923</b>	
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	
<b>Cantho College</b>	<b>Sec..</b>	<b>General studies</b>	<b>Junior High School cert.</b>	<b>1938</b>	<b>1943</b>

## 15. EMPLOYMENT

(A) EXACT TITLE OF YOUR PRESENT POSITION <b>Records' keeper clerk.</b>		DATE EMPLOYED FROM <b>Janv. 1951</b> TO PRESENT TIME	
PRESENT EMPLOYER'S NAME AND ADDRESS <b>Direction General of Security</b>		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			

I keep the records of the Direction General of Security.

(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?

I will reorganize the bureau of archives of the Directorate Gen. of Security of VN.

(C) EXACT TITLE OF YOUR LAST PREVIOUS POSITION <b>Interpreter in the French Army</b>		DATES EMPLOYED FROM <b>1947</b> TO <b>1950</b>	
PREVIOUS EMPLOYER'S NAME AND ADDRESS <b>French Army</b>		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			X				X
OTHER <b>French</b>	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 25, 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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