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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

Hotel 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)		(First)	(Middle)	SEX (M or F)
SON		Nguyen	Van	M
2. ADDRESS (Street)		(City or Town)	(Country)	
Hotel Dalat Palace		Dalat	Vietnam	
3. BIRTH DATE (Day, Month, Year)	4. BIRTH PLACE (City & Country)		5. COUNTRY OF CITIZENSHIP	
2.5.1919	Haiphong		North Vietnam	
6. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR SPOUSE, YOUR FATHER, AND YOUR MOTHER				
SPOUSE		NAME	DATE OF BIRTH	PLACE OF BIRTH
		Tran-Thi-My	1919	Haiphong
MOTHER		NAME	DATE OF BIRTH	PLACE OF BIRTH
		Nguyen-Thi-Nghi	1895	Hadong
FATHER		NAME	DATE OF BIRTH	OCCUPATION
		Nguyen-Van-Kinh	died	
7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address, and Relationship)				
Mrs. Tran-Thi-My, wife Hotel Palace Dalat				
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)				
France 1953 October to December - 1954 April to December				
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>Nguyen-Van-Son</b>		COUNTRY <b>Vietnam</b>	DATE OF BIRTH <b>2.5.1919</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>Cours Complementaires Haiphong</b>	<b>Secondary</b>		<b>2e Annee</b>	<b>1935</b>
15. EMPLOYMENT				
(A) EXACT TITLE OF YOUR PRESENT POSITION <b>Hotel management</b>			DATE EMPLOYED FROM TO PRESENT TIME <b>1.8.1957</b>	
PRESENT EMPLOYER'S NAME AND ADDRESS <b>National Tourist Office Saigon</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				

(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

(C) EXACT TITLE OF YOUR LAST PREVIOUS POSITION <b>Head clerk</b>		DATES EMPLOYED FROM <b>1.1.44</b> TO <b>31.7.57</b>	
PREVIOUS EMPLOYER'S NAME AND ADDRESS <b>Ferdinand d'Or, Ex-Concessionnaire des Hotels du Langbian a Dalat, 24 Hai Ba Trung Saigon</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  <b>Head clerk</b>			

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.

**July 3, 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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