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FOREIGN OPERATIONS ADMINISTRATION

BIOGRAPHICAL DATA

On Technical Assistance Participants Visiting the U. S.

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

DATE SENT		
DATE RECEIVED		
ATTACHMENTS		
TA NO.	ACTIVITY TITLE	
M.S.U.Contract	Organisation and Methods	
COUNTRY	Vietnam	FIELD OF ACTIVITY
		Public Administration
PROPOSED ARRIVAL DATE U.S.	PROPOSED DURATION OF VISIT	
September 1958	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)
THO	VAN	DINH	M
2. ADDRESS (Street)	(City or Town)	(Country)	
20 Vuon Lai Phu Tho	Cho-Lon	Vietnam	
3. BIRTH DATE (Day, Month, Year)	4. BIRTH PLACE (City & Country)	5. COUNTRY OF CITIZENSHIP	
January 17 1918	Van-Xuan - Thua Thien	Vietnam	
6. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR SPOUSE, YOUR FATHER, AND YOUR MOTHER			
SPOUSE	NAME Vu-Thi Khanh Van	DATE OF BIRTH	PLACE OF BIRTH
		January 5, 1920	Trung Lao Nam Dinh
MOTHER	Le-Thi-Lien	died	
FATHER	Van-Dinh-Quang	1887	OCCUPATION
7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address, and Relationship)			
Vu-Thi Khanh-Van 20 Vuon Lai Phu-Tho Cho-Lon, 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 MSU/Saigon sponsored tour to U.S. for a period of 12 months.

NAME OF PARTICIPANT Van-Dinh-Tho			COUNTRY Vietnam	DATE OF BIRTH 17 Janvier 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 Lycee Albert Sarraut Lycee	TYPE	COURSE OF STUDY OR MAJOR Enseignement secondaire	DEGREES DIPLOMAS OR CERTIFICATES Bacc I	DATE FROM TO
15. EMPLOYMENT				

(A) EXACT TITLE OF YOUR PRESENT POSITION Chef du Bureau Import		DATE EMPLOYED FROM TO PRESENT TIME 1.11.1957
PRESENT EMPLOYER'S NAME AND ADDRESS Regie des Chemins de Fer du Vietnam (Ministere des Travaux Publics)		APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION (Number of employees or volume of business)
KIND OF BUSINESS OR ORGANIZATION (Foundry, Milk, Marketing, Cotton Textile Mig., etc.) Regie des Chemins de Fer du Vietnam	MACHINES OPERATED (if applicable)	NUMBER AND KIND OF EMPLOYEES YOU SUPERVISE, IF ANY
DESCRIPTION OF YOUR DUTIES Importation des marchandises et du materiel provenant de l'étranger		

(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 Employe des Chemins de Fer du Vietnam		DATES EMPLOYED FROM TO
PREVIOUS EMPLOYER'S NAME AND ADDRESS Regie des Chemins de Fer du Vietnam		APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION (Number of employees or volume of business)
KIND OF BUSINESS OR ORGANIZATION (Foundry, Milk Marketing, Cotton Textile Mig., etc.) Regie des Chemins de Fer du Vietnam	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 Francais	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 20, 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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