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INTERNATIONAL COOPERATION ADMINISTRATION

BIOGRAPHICAL DATA

On Technical Cooperation Participants

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

DATE SENT

DATE RECEIVED

ATTACHMENTS

PIO/P NO.

M.S.U. Contract

COUNTRY

PROPOSED ARRIVAL DATE U. S.

January 1960

ACTIVITY TITLE

Public Administration

FIELD OF ACTIVITY

Public Administration

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 continuation sheet Page 3.

INFORMATION REGARDING PARTICIPANT

1. NAME (Last or Surname in capital letters) (First) (Middle) SEX (M or F)
CHUYET Bui Van M

2. ADDRESS (Street) (City or Town) (Country)
64 Truong Tan Bui Saigon Vietnam

3. BIRTH DATE (Day, Month, Year) 4. BIRTH PLACE (City & Country) 5. COUNTRY OF CITIZENSHIP
June 11, 1922 Thai Binh, North Vietnam Vietnam

6. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR SPOUSE, YOUR FATHER, AND YOUR MOTHER

SPOUSE	NAME	DATE OF BIRTH	PLACE OF BIRTH
	Ha Thi Kien	1926	Thai Binh
MOTHER	Nguyen Thi Ruyen	1882	Thai Binh
FATHER	Bui Cac	deceased	OCCUPATION

7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address and Relationship)
He Thi Kien, 64 Truong Tan Bui, Cuoc, Saigon (wife)

8. PERSON IN U. S. TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address and Relationship)
Vietnamese Embassy in Washington D.C.

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.

Public Administration - 12 months

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NAME OF PARTICIPANT Bui Van CHUYET			COUNTRY Vietnam	DATE OF BIRTH June 11, 1922	
14. EDUCATION: INCLUDE INFORMATION CONCERNING PREPARATORY OR SECONDARY SCHOOLS, UNIVERSITIES OR OTHER INSTITUTIONS OF EQUIVALENT RANKS, 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	
Thang Long School	Secondary	Philosophy	Baccalaureate II	1941	1943
Faculty of Law	University	Law		1958	to date

15. EMPLOYMENT

(A) EXACT TITLE OF YOUR PRESENT POSITION Head Clerk at Directorate General of Public Function		DATE EMPLOYED FROM 1955 TO PRESENT TIME
PRESENT EMPLOYER'S NAME AND ADDRESS Mr. Ton That Trach, Directorate General of Public Function 233 Tu Do, Saigon		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

~~Status~~ Statutes of Public Servants
Retirement system

(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 Head Clerk		DATES EMPLOYED FROM TO
PREVIOUS EMPLOYER'S NAME AND ADDRESS Mr. Vu Trong Ky, Chief of Bureau of Province Nam Dinh		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

Provincial administration

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

August 28, 1959

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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USOM FORWARD TO ICA/W

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