

**BIO-DATA**

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ACTION

INFO.

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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.

30-72-172-1-80271

ACTIVITY TITLE

Government Wide In- Service Training

COUNTRY

Vietnam

FIELD OF ACTIVITY

Public Administration

PROPOSED ARRIVAL DATE U.S.

March 1959

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)
CONG,	Duong	Ngoc	Male

2. ADDRESS (Street)	(City or Town)	(Country)
50 Huynh Khuong Ninh	Saigon	Vietnam

3. BIRTH DATE (Day, Month, Year)	4. BIRTH PLACE (City & Country)	5. COUNTRY OF CITIZENSHIP
May 1, 1924	Saigon, Vietnam	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 Sang		1926	Can Tho
MOTHER			
Bui Thi Hue		1896	Gia Dinh
FATHER			
Cuong Van Bien		1894	Bien Hoa

7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address, and Relationship)			
Sang Tran Thi 50 Huynh Khuong Ninh, Saigon (Wife)			

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

9. HAVE YOU EVER BEEN IN THE U. S.? IF SO, WHEN, WHERE, FOR HOW LONG AND FOR WHAT PURPOSE?			
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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)			
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Thailand (15days) 1956 Philippines (7days 1957) Japan 15 days 1957

11. HAVE YOU PARTICIPATED IN OR APPLIED FOR ANY OTHER U. S., U. N., OR PRIVATE TECHNICAL ASSISTANCE ACTIVITY? IF SO, SPECIFY:			
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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.			
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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.			
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To Participate in a Public Administration Division USOM/Saigon sponsored tour to U.S. for a period of 12 Months

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## BIOGRAPHICAL DATA ON TECHNICAL COOPERATION PARTICIPANTS

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NAME OF PARTICIPANT

Duong Ngoc CONG

COUNTRY

Viet-Nam

DATE OF BIRTH

May 1, 1924

4. 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
Taberd school	High school	Philosophy	Baccalaureate	1936	1943

15. EMPLOYMENT

(A) EXACT TITLE OF YOUR PRESENT POSITION

Chief of service for Civic Action

DATE EMPLOYED  
FROM 1955  
TO PRESENT TIME

PRESENT EMPLOYER'S NAME AND ADDRESS

Kieu Cong Dung, 272 Hien Vuong, Saigon

APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION  
(Number of employees or volume of business)

Ministry

KIND OF BUSINESS OR ORGANIZATION (Foundry, Milk Marketing, Cotton Textile Mfg., etc.)

Government organization

MACHINES OPERATED (if applicable)

NUMBER AND KIND OF EMPLOYEES YOU SUPERVISE, IF ANY

100

DESCRIPTION OF YOUR DUTIES

Coordinating all civic actions operations

(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

Student

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 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 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.

Cong

December 29, 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

ICA-13-91 (7-56)

USOM FORWARD TO ICA/W