

BIO-DATA

11-000

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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.

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) CONG,	(First) Duong	(Middle) Ngoc	SEX (M or F) Male
2. ADDRESS (Street) 50 Huynh Khuong Ninh	(City or Town) Saigon	(Country) Vietnam	
3. BIRTH DATE (Day, Month, Year) May 1, 1924	4. BIRTH PLACE (City & Country) Saigon, Vietnam	5. COUNTRY OF CITIZENSHIP Vietnam	
6. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR SPOUSE, YOUR FATHER, AND YOUR MOTHER			
SPOUSE Tran Thi Sang	NAME Tran Thi Sang	DATE OF BIRTH 1926	PLACE OF BIRTH Can Tho
MOTHER Bui Thi Hue	NAME Bui Thi Hue	DATE OF BIRTH 1896	PLACE OF BIRTH Gia Dinh
FATHER Cuong Van Bien	NAME Cuong Van Bien	DATE OF BIRTH 1894	PLACE OF BIRTH 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? 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) 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: 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 Public Administration Division USOM/Saigon sponsored tour to U.S. for a period of 12 Months			

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	
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	
Taberd school	High school	Philosophy	Baccalaureate	FROM 1936	TO 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 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 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.

December 29, 1958
 SIGNATURE OF PARTICIPANT **Cong** DATE

LANGUAGE CERTIFICATION: I CONCUR IN ITEM 16 ENTRIES FOR ENGLISH () YES () NO. IF "NO", EXPLAIN:

OFFICIAL TITLE	SIGNATURE OF OFFICIAL	DATE 22
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USOM FORWARD TO ICA/W