

BIO-DATA

INTERNATIONAL COOPERATION ADMINISTRATION

BIOGRAPHICAL DATA

On Technical Cooperation Participants

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

ACTIVITY TITLE

Improvement of Municipal
Civil Police & Surete
(VNR Municipal Police)

FIELD OF ACTIVITY

Civil Police

PROPOSED DURATION OF

Assignment 9 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)
DINH	Nguyen	Kim	F
2. ADDRESS (Street)	(City or Town)	(Country)	
34 Tan Thanh	Saigon	South Vietnam	
3. BIRTH DATE (Day, Month, Year)	4. BIRTH PLACE (City & Country)	5. COUNTRY OF CITIZENSHIP	
Sept. 14, 1933	Saigon, Vietnam		

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

SPOUSE	NAME	DATE OF BIRTH	PLACE OF BIRTH
MOTHER	Nguyen thi Lien		
FATHER	Nguyen van THIEN		OCCUPATION Civil Servant (retired)

7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address and Relationship)

Nguyen van THIEN, 34 Tan Thanh Saigon	8. 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 public Administration USG-Saigon sponsored tour to U.S. for a period of 9 months.

14. PERSONAL INFORMATION CONCERNING EDUCATION IN SECONDARY SCHOOLS, UNIVERSITIES OR OTHER INSTITUTIONS OF EDUCATION
DURING WHICH 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	FROM	TO
Gia Long School	Secondary	General studies	Junior high school certificate	1948	1954

15. EMPLOYMENT

(A) EXACT TITLE OF YOUR PRESENT POSITION

Secretary

PRESENT EMPLOYER'S NAME AND ADDRESS

Tran Van Sat, 7th Police Office, Saigon

DATE EMPLOYED

FROM

TO PRESENT TIME

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

Secretary

(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?

See

(C) EXACT TITLE OF YOUR LAST PREVIOUS POSITION

Student

PREVIOUS EMPLOYER'S NAME AND ADDRESS

DATES EMPLOYED

FROM

TO

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			
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.

May 28, 1959

DATE

SIGNATURE OF PARTICIPANT

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

OFFICIAL TITLE

SIGNATURE OF OFFICIAL