



INTERNATIONAL COOPERATION ADMINISTRATION

BIOGRAPHICAL DATA

On Technical Cooperation Participants

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

DATE SENT		
DATE RECEIVED	PIO/P NO. M.S.U. Contract	ACTIVITY TITLE Public Administration
ATTACHMENTS	COUNTRY Viet-Nam	FIELD OF ACTIVITY Public Administration
	PROPOSED ARRIVAL DATE U. S. October 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 continuation sheet Page 3.

INFORMATION REGARDING PARTICIPANT

1. NAME (Last or Surname in capital letters)		(First)	(Middle)	SEX (M or F)
DUC		Le	Duy	M
2. ADDRESS (Street)		(City or Town)	(Country)	
17 Thai Lap Thanh, Phu Nhuan		Saigon	Vietnam	
3. BIRTH DATE (Day, Month, Year)	4. BIRTH PLACE (City & Country)		5. COUNTRY OF CITIZENSHIP	
November 21, 1926	Hanoi		Vietnam	
6. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR SPOUSE, YOUR FATHER, AND YOUR MOTHER				
SPOUSE	NAME	DATE OF BIRTH	PLACE OF BIRTH	
	Nguyen Thi Hong Nga	1932	Hanoi	
MOTHER	Dang Thi Hoi	deceased		
FATHER	Le Duy Trinh	deceased	OCCUPATION	
7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address and Relationship)				
Nguyen Thi Hong Nga, 17 Thai Lap Thanh, Phu Nhuan, Gia Dinh, Saigon (wife)				
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 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.				

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 Le Duy DUC			COUNTRY Vietnam	DATE OF BIRTH Nov. 21, 1926	
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
School of Nam Dinh	Secondary	General studies	Junior high school certificate	1941	1945
National Institute of Administration			Graduates from the M.I.A.	1955	1958

15. EMPLOYMENT

(A) EXACT TITLE OF YOUR PRESENT POSITION Assistant Chief of District		DATE EMPLOYED FROM Aug. 1958 TO PRESENT TIME
PRESENT EMPLOYER'S NAME AND ADDRESS Department of Interior, Saigon, Vietnam		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 To settle all administration, judiciary, economic, military affairs,...		

(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?

Public Administration

(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		

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.

SIGNATURE OF PARTICIPANT

July 8, 1959
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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ICA-13-91 (7-56)

USOM FORWARD TO ICA/W

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