



INTERNATIONAL COOPERATION ADMINISTRATION

BIOGRAPHICAL DATA

On Technical Cooperation Participants

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

DATE SENT		
DATE RECEIVED	PIO/P NO.	ACTIVITY TITLE
ATTACHMENTS	M.S.U. Contract	Public Administration
	COUNTRY	FIELD OF ACTIVITY
	Vietnam	Public Administration
	PROPOSED ARRIVAL DATE U. S.	PROPOSED DURATION OF VISIT
	December 1959	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)
HOI **Le** **Van** **M**

2. ADDRESS (Street) (City or Town) (Country)
64/17A Le Quang Dinh **Gia Dinh** **Vietnam**

3. BIRTH DATE (Day, Month, Year) 4. BIRTH PLACE (City & Country) 5. COUNTRY OF CITIZENSHIP
January 23, 1926 **Tan Son Nhieu, Gia Dinh** **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 Khuong **1926** **Ninh Phuoc, Sades**
MOTHER **Le Thi Tiet (deceased)**
FATHER **Vo Van Mong (deceased)** **OCCUPATION**

7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address and Relationship)
Nguyen Thi Khuong, 64/17A Le Quang Dinh, Gia Dinh (wife)

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

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 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 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 Van HOI

COUNTRY

Vietnam

DATE OF BIRTH

Jan. 23, 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
Huynh Khuong Ninh school	Secondary	General studies	Junior high school certificate	1942	1957
National Institute of Administration		Finance and Economy	Graduate		

15. EMPLOYMENT

(A) EXACT TITLE OF YOUR PRESENT POSITION

Chief of Tax Office in the Province of Long Khanh

PRESENT EMPLOYER'S NAME AND ADDRESS

Ministry of Interior

DATE EMPLOYED
FROM 1957
TO PRESENT TIMEAPPROXIMATE 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

Tax and incom tax

(B) DO YOU EXPECT TO RETURN TO THIS SAME POSITION? () YES (X) NO IF NOT, HOW IS THE PROGRAM RELATED TO YOUR STUDIES AND FUTURE PLANS?

My field of study is Public Administration

(C) EXACT TITLE OF YOUR LAST PREVIOUS POSITION

Chief of Administration Bureau of Gia Dinh

PREVIOUS EMPLOYER'S NAME AND ADDRESS

Province Long Khanh

DATES EMPLOYED

FROM 1944 TO 1954

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

Ministry of Interior

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

Le Van Hoi

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

ICA-13-91 (7-56)

USOM FORWARD TO ICA/W

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