

INTERNATIONAL COOPERATION ADMINISTRATION

BIOGRAPHICAL DATA

On Technical Cooperation Participants

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

DATE SENT		
DATE RECEIVED	PIG/P NO. M.S.U. Contract	ACTIVITY TITLE Civil Laboratory Civil Police Adm.
ATTACHMENTS	COUNTRY Vietnam	FIELD OF ACTIVITY Civil Police
	PROPOSED ARRIVAL DATE U.S. September 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) LAC	(First) Tran	(Middle) Thien	SEX (M or F) M
2. ADDRESS (Street) 168/2 Phat Diem		(City or Town) Saigon	(Country) Vietnam
3. BIRTH DATE (Day, Month, Year) 24 January 1918	4. BIRTH PLACE (City & Country) Haiphong city	5. COUNTRY OF CITIZENSHIP Vietnam	
6. PLEASE PROVIDE THE FOLLOWING INFORMATION FOR YOUR SPOUSE, YOUR FATHER, AND YOUR MOTHER			
SPOUSE NAME Le thi CAU	DATE OF BIRTH 10-11-1919	PLACE OF BIRTH Gia Lam (North Vietnam)	
MOTHER Ngo thi DU	deceased		
FATHER Tran dinh CHI	deceased	OCCUPATION Book-keeper	
7. PERSON AT HOME TO BE NOTIFIED IN CASE OF EMERGENCY (Name, Address and Relationship) Le thi CAU, 168/2 Phat Diem Saigon (spouse)			
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.

M.S.U.
To participate in a ~~Public Administration~~ **USOM/Saigon** sponsored tour to U.S. for a period of 12 months.

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NAME OF PARTICIPANT Tran Thien LAC	COUNTRY Viet-Nam	DATE OF BIRTH January 24, 1918
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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 Hai Phong	Public	General studies	Certificate	1937	1932
National Institute of Administration, Saigon		Administration	Certificate	1957	1958

15. EMPLOYMENT

(A) EXACT TITLE OF YOUR PRESENT POSITION Police Officer (Inspector of 4th class)	DATE EMPLOYED FROM 1949 TO PRESENT TIME
PRESENT EMPLOYER'S NAME AND ADDRESS Direction General of Police & Security, Viet-Nam, Saigon	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

Constitute the records of requesting ~~firearms~~ ^{firearms} (Section Chief)

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

(C) EXACT TITLE OF YOUR LAST PREVIOUS POSITION Secretary	DATES EMPLOYED FROM 1936 TO 1946
PREVIOUS EMPLOYER'S NAME AND ADDRESS Société de transports automobiles Indochinois (S.T.A.I.) Agency of Hai Phong, Viet-Nam	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

Cashier and account-book keeper

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.

Tran Thien Lac *Lac*

May 13, 1959

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
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