

**BIO-DATA**ACTION  
INFO.

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19456

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## INTERNATIONAL COOPERATION ADMINISTRATION

## BIOGRAPHICAL DATA

On Technical Cooperation Participants

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

DATE SENT  
June 24, 1958  
DATE RECEIVED  
ATTACHMENTS  
4 photographs

PIO/P NO.  
92-79-079-1- 80256  
ACTIVITY TITLE  
Over-All Technical Assistance-Public Administration  
COUNTRY  
Philippines  
FIELD OF ACTIVITY Program Management w/emphasis on Coordination of Tech. Assistance  
PROPOSED ARRIVAL DATE U. S.  
September 1958  
PROPOSED DURATION OF VISIT  
6 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)  
RAMOS HER R. Male

2. ADDRESS (Street) (City or Town) (Country)  
218 Burnay Caloocan, Rizal Philippines

3. BIRTH DATE (Day, Month, Year) 4. BIRTH PLACE (City & Country)  
27 January 1909 Balayan, Batangas 5. COUNTRY OF CITIZENSHIP  
Philippines

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

SPOUSE	NAME	DATE OF BIRTH	PLACE OF BIRTH
Pilar Consul		Nov. 16, 1920	Manila
MOTHER	Eulogia T. Ramos	March 11, 1871	Balayan, Batangas
FATHER	Mariano A. Ramos	Oct. 9, 1870	-do- OCCUPATION Deceased

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

Mrs. Pilar C. Ramos - 218 Burnay, Caloocan, Rizal - wife

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

Nearest Philippine 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 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.

U.P. Alumni Association;  
Asociacion de Agricultores de la Region Oeste de Batangas

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 undertake training and/or observation in the field of Program Management with Emphasis on Coordination of Technical Assistance including Training.

## BIOGRAPHICAL DATA ON TECHNICAL COOPERATION PARTICIPANTS

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NAME OF PARTICIPANT			COUNTRY	DATE OF BIRTH	
<b>MER R. RAMOS</b>			<b>Philippines</b>	<b>Jan. 27, 1909</b>	
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
Univ. of Sto. Tomas	Collegiate	Commerce	B.S.C.	1938	1940
Univ. of the Phil.	Collegiate	Education	B.S.E.	1929	1934
Batangas High School	General	High School	H.S. Diploma	1922	1926

## 15. EMPLOYMENT

(A) EXACT TITLE OF YOUR PRESENT POSITION			DATE EMPLOYED FROM <b>January 1, 1956</b> TO PRESENT TIME			
<b>Technical Assistance Coordinator</b>						
PRESENT EMPLOYER'S NAME AND ADDRESS			APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION (Number of employees or volume of business)			
<b>National Economic Council</b>						
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		
<b>Government Office</b>	<b>Various</b>			<b>7 TAs, 3 assistants</b>		

## DESCRIPTION OF YOUR DUTIES

1. To take charge of the ICA/NEC Types A, B and C Technical Assistance Programs in as far as the counterpart function of OFAC/NEC is concerned;
2. Take charge of the preparation of Project Proposals and Approvals (PPAs) for all commodity projects under consideration by NEC & the Mission & coordinate with Branch Directors regarding the latter; 3. Take charge of the training programs under the ICA/NEC, UN & agencies & Colombo Plan Technical Assistance Programs.

(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			DATES EMPLOYED			
<b>Special Assistant</b>			FROM <b>4/22/55</b> TO <b>12/31/55</b>			
PREVIOUS EMPLOYER'S NAME AND ADDRESS			APPROXIMATE SIZE OF BUSINESS OR ORGANIZATION (Number of employees or volume of business)			
<b>PHILCUSA</b>			<b>300 employees</b>			
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		
<b>Government Office</b>	<b>Various Office machines</b>			<b>2 statistical clerks; 1 audit clerk &amp; 2 typists</b>		
DESCRIPTION OF YOUR DUTIES						
<ol style="list-style-type: none"> <li>1. Examine bills for peso portion of dollar commodities procured under the FOA-PHILCUSA Technical Assistance Program; 2. Countersign checks for payments of above bills;</li> <li>3. Act as Accountant for various Counterpart Projects, such as the National Media Production Center, Survey of Ten Industries in the Philippines, etc.</li> </ol>						

16. LANGUAGE PROFICIENCY	READING			SPEAKING			UNDERSTANDING		
	EXCELLENT	GOOD	FAIR	EXCELLENT	GOOD	FAIR	EXCELLENT	GOOD	FAIR
ENGLISH	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
OTHER									

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

OFFICIAL TITLE	SIGNATURE OF OFFICIAL	DATE
<b>Sr. Project Coordinator</b> ICA-13-91 (7-56)	<b>DANIEL L. CARRION</b>	