

REQUISITION FORM FOR H-1B / L TRANSFER

All dates to be mentioned in mm/dd/yyyy form. Incomplete forms will not be processed.

First Name : MOHAMED IBRAHIM
 Middle Name :
 Last Name : MOHAMED ABDUL KADAR
 Employee ID :

Address in U.S.: APT-531 1409 ROPER MOUNTAIN ROAD, GREENVILLE- 29615
 Tel. # Work : Home : Mobile: 8643459595

Email Address: IBBUJOB@GMAIL.COM A# if you have one: IBBU.TECHWORLD@GMAIL.COM
 Passport issued on : 02/05/2016 Passport expires on: 02/04/2026

Social Security #: 795390635 Birth Date: 07/16/1985
 Country of Birth : INDIA Place / City of birth: PUDHUKOTTAO

Date of First Arrival in US: 04/28/2018 Date of Last Arrival in US: 02/08/2019
 Current Non-immigrant Status : H1B Current I-797 Approval #: EAC1820651277

Current I-94 # 72472103056 I-94 Expiry date : 06/24/2021

Is your spouse applying with you ? NO How many children applying with you? NO

Have you filed your I-140/I-485: NO If yes, receipt #: NO

Educational Qualification :
 Degree/Diploma Year of Passing University/Institution

B.tech(InformationTechnology) 2007 Anna/Christian college of engineering
 XII 2002 State board
 X 2000 State board

All Entry/Exit dates in/from US (in H/L classification):

Entry to US	Exit from US	Stay in Days	Visa Type	Employer
4/23/2017	11/19/2017	210	H1B	Hexaware
8/28/2018	1/22/2019	147	H1B	Hexaware
2/8/2019	Till date		H1B	Hexaware

Client Name & Work Location: KROGER & CHINCHINATTI

Salary offered p.a: \$ 140000\$

Premium Processing : Yes/No YES If yes, Please attach DD's approval (email or hard copy)

Sunket Shaxma

C3 Bid - 74171 Kroger

11450 Gwynns Rd,
 Blue Ash OH-
 45242

April 01, 2019

To,

U.S. Citizenship and Immigration Services
California Service Center
24000 Avila Road
2nd Floor, Room 2312
Laguna Niguel, CA 92677
USA.

RE:	BENEFICIARY	:	Mohamed Ibrahim Mohamed Abdul Kadar
	PETITIONER	:	SYNTEL INC.
	FORM TYPE	:	I-129 Petition for Nonimmigrant Worker

Dear CIS Officer,

Please find the details along with necessary enclosures towards the review and decision of Syntel Inc.'s I-129 Petition for a Nonimmigrant Worker.

Petitioner:

Syntel Inc. is a publicly held (NASDAQ:SYNT) global software solution company with an headquarters in Troy, MI and has wholly owned subsidiaries in US, UK, India, Canada, Germany, Singapore, Australia, Hong Kong, France, Ireland & Mauritius. Syntel Inc.'s gross revenues for year ending 2017 are about \$923 million. Syntel, Inc. has been in business for over 35 years, creating custom solutions and improving its own efficiencies, which has enabled it to grow from a small, local company to a global one, with offices and development around the world. Syntel provides software consultancy services to its customers through its employees who are well experienced and educated in computer technology and have industry-specific expertise to help customers achieve their expectations. Syntel provides services to Global 2000 companies in the following industries such as Banking & Financial Services, Healthcare and Life Sciences, Insurance, Manufacturing, Retail, Logistics and Telecom.

In each of our business segments, Syntel helps customers to adapt to market change by providing a broad array of technology-based, industry-specific solutions. These solutions leverage Syntel's strong understanding of the underlying trends and market forces in our chosen industry segments. These solutions are complemented by strong capabilities in Digital Modernization, Social, Mobile, Analytics and Cloud (SMAC) technologies, Business Intelligence (BI), Knowledge Process Outsourcing (KPO), application services, testing, Enterprise Resource Planning (ERP), IT Infrastructure Management Services (IMS), and business and technology consulting. Additionally, the Company believes that its domain expertise, breadth of services and strong alignment with client culture and business imperatives are important decision factors in Syntel being chosen as a preferred vendor.

About Beneficiary

The beneficiary, Mr. Mohamed Ibrahim Abdul Kadar is well qualified for this specialty occupation position as he holds a Bachelor of Technology degree in Information Technology from Anna University, Chennai, India in 2007. Besides Mr. Mohamed Ibrahim Abdul Kadar's educational background, he has several years' experience in this specialty occupation. The beneficiary is well versed in operating systems, environments and computer languages. Copies of his transcripts and degree are enclosed. These credentials are equivalent to a US three years of academic coursework degree. The beneficiary thus holds a US equivalent baccalaureate or higher degree in the specialty occupation to be qualified for H1B.

Educational evaluation: (Exhibit A)

Beneficiary's Academic and Experience Evaluation is done through **Morning Side, our evaluators**, by Ms. Kathleen Freeman. Kathleen Freeman has more 20 years of experience in foreign credential evaluation. She is the author of 150+ entries in AACRAO EDGE. She is the author of many publications and articles, including a book on the educational system of France, a book on the educational system of Morocco, and NAFSA: Association of International Educator's publication on credential evaluation as well as the 2016 update. Ms. Freeman has served in regional and national leadership positions in NAFSA, and recently finished a 2.5-year term on the Board of Directors of The Association of International Credential Evaluation Professionals (TAICEP). She holds a Bachelor of Arts in Spanish, and a Master of Arts in International Education.

Specialty occupation evaluation: (Exhibit B)

Beneficiary's education has been evaluated by Professor Kelly Fadel, Ph.D., as equivalent to a Bachelor of Science Degree in Computer Information Systems from an accredited university in the United States. The beneficiary thus holds a United States equivalent bachelor's degree as a minimum requirement for H1B visa. The beneficiary is well versed in operating systems, environments and computer languages and has good project management skills.

Occupational Outlook Handbook: (Exhibit C)

The Occupational Outlook Handbook ("OOH") explicitly stating that most computer systems analysts have a bachelor's degree in a computer-related field

Description of the Project:

Initiatives in Kroger: Restock Kroger: Launched in 2018, Enterprise wide transformation initiative encompassing business, IT, supply chain, warehouse, store management etc. Multiple tracks focusing on specific areas, & Atos Syntel involvement is in "In Stock program"

In Stock Program: Aims at improving the visibility of the stock available across the shop floor, back room, pipeline etc. Currently Atos Syntel is involved in the store productivity improvement track as part of SPS solution – Mobility, web services, migration

In alignment with the In-Stock Program initiative at Kroger, the goal is to build high quality, reliable and scalable software that can deliver maximum value to Kroger while optimizing the return on investment.

Creating a Store Inventory Management system that will deliver capability for the following business processes:

- Inventory receiving functions
- Inventory Transfer functions
- Inventory Audit functions
- Ordering functions
- Inventory Management functions
- Fresh Inventory Management
- Out-of-stock capture and reporting
- Store compliance
- Improving accuracy and real-time, enterprise visibility of In-Store Inventory
- Simplifying Inventory Management processes
- Any other prioritized area that is mutually agreed by business and technology

Tenure of this Project: (Exhibit D)

Statement of Work signed between Syntel and The Kroger Co. All services performed by the beneficiary are under a Statement of Work pursuant to the terms and conditions of the SOW and all exhibits attached above.

The Statement of Work prove that there is a valid contract with the client and that petitioner has right to control beneficiary's work. It also gives description of the activities to be performed by the beneficiary while being employed by the petitioner. The said duties clearly fall under the specialty occupation. As per the SOW, the tenure of this project is until May 25, 2019 & further extension is already in process.

Detailed description of the Client:

Headquartered in Cincinnati, Ohio, The Kroger Co. is one of the largest retailers in the United States based on annual sales, holding the #17 ranking on the Fortune 100 list published in June 2016. Kroger was founded in 1883 and incorporated in 1902.

Kroger operates (either directly or through its subsidiaries) supermarkets, fuel centers. In addition to supermarkets, Kroger operates (by franchisees or through its subsidiaries) convenience stores, fine jewelry stores and an online retailer. The Company also manufactures some of the food for sale in its supermarkets.

Kroger uses digital channels as a means to better engage directly with Customers in personalized and relevant ways as they plan and shop online. As Customers spend more of their time online and increasingly adopt mobile technologies, their investments into digital and Omni channel experiences provide our Customers with easy, instant access to content and tools.

Kroger Technology strives to be the most valued technology organization in retail. Technology has created a competitive advantage in several parts of Kroger's business and innovation investments are accelerating. Each day technology systems and infrastructure play a critical role in supporting associates and Customers in delivering

Customer 1st Strategy by:

1. Supporting day-to-day operations including regulatory/compliance requirements related to health care and credit card processing.
2. Implementing projects that support new business growth and provide significant benefit to Customers, associates and shareholders.
3. Delivering innovative solutions that create competitive advantage.
4. Making secure and reliable systems that are essential to delivering a positive experience for Customers.
5. Investments in new, innovative technologies and processes.

As technology continues to mature at its rapid pace, Kroger need talented associates who can deliver systems quickly and exceed Customer expectations.

Key Stakeholders are:

1. Tech Director for this project: Doug Wilson
2. IT Delivery Manager of the project: Howard Plevyak
3. Project Manager: Michele Trammel
4. Product Manager: BJ Taylor

Key technologies required for this project execution:

To perform his roles and responsibilities smoothly on a day to day basis, Mohamed Ibrahim Mohamed Abdul Kadar will need the following skill sets which he has acquired through his previous job experience, technical certifications and bachelor's degree

The objective of the (Store Inventory Management) SIM project is to build a suite of application tied to an Android application which runs on Zebra device to help improve Stores Productivity by enabling the store associate and the department heads to do a lot of their daily tasks easily and efficiently and correctly.

Quality Engineer / Automation Tester (Mobility-Android Apps, Web Services Testing

Needs to have 4+ years of experience in Native Android mobile app Testing.
Should also have exposure to hybrid application development/integration.

Well versed in Web services, Cloud Native architecture, Design Patterns, Java/J2EE technologies

Should have experience in setting up testing environment & Testing Native Android/iOS mobile apps.

Should have done Device testing enterprise mobile applications.
Knowledge of mobile/application security is a must.

Process: Should have good understanding on the Agile development methodology and should have worked on projects in Agile methodology.
Excellent Communication skills are a given.

The source of the instrumentalities & tools required to perform the specialty occupation

Android Studio, Cucumber and Appium
Angular 6, Cassandra and Kafka
Selenium, IntelliJ and Yapita
OAuth2 and JUnit
ALM (Application Lifecycle Management) Tools
JIRA (Agile project management tool)
Confluence (Document creating, editing and sharing tool)
Team City (Project deployment automation tool)
Bitbucket/ Stash (Source Code Repository)
SPM (CIS) (Security Plan Manager / Corporate Information Security)
Kroger VCloud setup (to be used for DEV-TEST environment)

Evidentiary Standard based on which Evaluation is submitted

The standard of evidence in this matter is the “preponderance of evidence standard”. In Matter of Chawathe (AO2010), the service provides an explanation of the preponderance of the evidence standard: Thus in adjudicating the application pursuant to the preponderance of the evidence standard, the director must examine each piece of evidence for relevance, probative value, and credibility, both individually and within the context of totality of the evidence, to determine whether the fact to be proven is probably true.

Even if the director has some doubt as to the truth, **if the petitioner submits relevant, probative, and credible evidence that leads the director to believe that the claim is “more likely than not” or “probably true, the applicant or the petitioner has satisfied the standard of proof.** See INS vs. Cardoza-Fonseca 480 U.S.421.431 (1987) (**discussing “more likely than not” as a greater than 50% chance of an occurrence taking place**).The Federal Rules of Evidence, Article VII on Opinions and Expert Testimony rule 702 mentions The testimony by Expert Witnesses A witness who is qualified as an expert by knowledge, skill, experience, training, or education may testify in the form of an opinion or otherwise if:

- (a) The expert's scientific, technical, or other specialized knowledge will help the trier of fact to understand the evidence or to determine a fact in issue;
- (b) The testimony is based on sufficient facts or data;
- (c) The testimony is the product of reliable principles and methods; and

(d) The expert has reliably applied the principles and methods to the facts of the case

Maintenance of Employer – Employee Relationship: Ability to hire, fire and pay:

The petitioner meets the definition provided for at 8 CFR 214.2(h) (4) (ii) (2) with an ability to hire as well as fire the beneficiary. The petitioner also pays salary to the beneficiary and claims the beneficiary for the tax purpose. The petitioner provides standard employee benefits to the beneficiary like health insurance etc. The petitioner hereby establishes that it has maintained the employer – employee relationship through the submission of the following evidence:

- Letter of Intent to Hire & contract between the petitioner and the beneficiary :** Copy of the beneficiary's employment letter with the petitioner detailing the terms and conditions of employment (**Exhibit E**);
- Petitioner's Performance Review Process:** Please find attached extracts of the Petitioner's performance review process (**Exhibit F**). This shows that the petitioner has process to review beneficiary's performance annually and consider the beneficiary for any salary hike or promotions.
- Organization Chart:** Please find attached a copy of the petitioner's organizational chart demonstrating the beneficiary's supervisory chain (**Exhibit G**).

The beneficiary will be reporting to the Petitioner's onsite Manager.

Onsite Manager's Name : SONALI GAWALI
Job Title : ENGAGEMENT MANAGER
Contact Details : M +1 502 529 6508
Email Id : Sonali_Gawali@syntelinc.com

Brief description of Syntel Manager in the US and his duties in brief:

1. Accountable for Service Level Agreement deliverables and project compliance
2. Responsible for project tracking, resource planning, forecasting workload and staffing requirement
3. Accountable for the deliverables in terms of Scope, Schedule and quality parameters.
4. Mentor Team members on Technical skills
5. Develop statistical metrics and dashboards, reports for Senior Executive management to monitor the key factors like Scope, Time and Cost
6. Ensuring delivery of contractual commitments and adherence to Customers Project Management Office (PMO) delivery & risk mitigation standards
7. Working with Senior Executives of Kroger management regarding Strategies, Road Maps

The proffered position qualifies for the Specialty Occupation as defined in 8 CFR 214.2 (h) (4)(iii)

Specialty occupation means an occupation which requires theoretical and practical application of a body of highly specialized knowledge in fields of human endeavor including, but not limited to, architecture, engineering, mathematics, physical sciences, social sciences, medicine and health, education, business specialties, accounting, law, theology, and the arts, and which requires the attainment of a bachelor's degree or higher in a specific specialty, or its equivalent, as a minimum for entry into the occupation in the United States. More over this position qualifies as a specialty occupation as defined under Immigration and Nationality Act ("INA") 214(1) (1):8 CFR, 214.2(h) (4) (ii). A position will qualify as a "Specialty occupation" if it satisfies one of four standards: (1) a baccalaureate of higher degree or its equivalent is normally the minimum requirement, (2) the degree requirement is common to the industry or the employer's particular position is so complex or unique that it can be performed only by an individual with a degree, (3) the employer normally requires a degree for the position, or (4) the nature of the specific duties are so specialized and complex that knowledge required to perform the duties is usually associated with the attainment of a baccalaureate of higher degree. See 8C.F.R.S 214.12(h) (4) (iii) (A) (2).

1. A baccalaureate of higher degree or its equivalent is normally the minimum requirement

Nature of the Position:

A Quality Assurance Lead is responsible for Develop and execute software test plans in order to identify software problems and their causes, Design test plans, scenarios, scripts, or procedures, Document software defects, using a bug tracking system, and report defects to software developers. Identify, analyze, and document problems with program function, output, online screen, or content.

Job Responsibilities:

A Quality Assurance Lead Using computers and computer systems to program, write software, set up functions, enter data, or process information, Analyzing information and evaluating results to choose the best solution and solve problems, Keeping up-to-date technically and applying new knowledge to that job, Observing, receiving, and otherwise obtaining information from all relevant sources.

Qualitative Requirements:

A successful software engineers are using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems. Understanding written sentences and paragraphs in work related documents. Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.

The beneficiary qualifies for the 'Specialty Occupation' role of the H1B category for the reasons highlighted below.

Even though the Petitioner had tagged LCA for the beneficiary under the O*Net occupations under the code **15-1199.01 Quality Assurance Lead, Applications**. Petitioner named the position as Quality Assurance Lead. The petitioner had tagged the Quality Assurance Lead LCA for the beneficiary under the O*Net occupations under the **code 15-1199.01 Quality Assurance Lead, Applications** Petitioner currently seeking to employ Quality Assurance Lead to analyze our client's information technology requirements and computer hardware to design a system which will best process the client's data in the most timely and inexpensive manner. Syntel's Quality Assurance Lead then implement this design by overseeing the installation of the necessary software and its customization to the client's unique requirements. Our clients have an ongoing need for Quality Assurance Lead qualified in specific skill sets. After a client's business requirements are analyzed and their systems are designed, developed and implemented, the Quality Assurance Lead is then subject to reassignment to another client. Occasionally the Quality Assurance Lead will continue maintaining a system after the system is implemented.

As explained above, the petitioner has sufficient reason to justify the minimum requirement of a **baccalaureate of higher degree or its equivalent in the proffered position**.

2. The degree requirement is common to the industry or the employer's particular position is so Complex or unique that it can be performed only by an individual with a degree:

An individual who has a bachelor degree or its equivalent only can understand the complexity of training that is been given by the petitioner under the proffered position. So petitioner has a routine practice of hiring the individuals who have a minimum of bachelor's degree or its equivalent

Job Listings; Provides evidence to establish a degree requirement is common to the industry in parallel positions among similar organizations. Please find below table with the job postings/job announcements for the specialty occupation positions in **Quality Assurance Lead** from employers similar to the petitioner. The listings clearly show the specific educational background required to perform the duties of the proffered position. (**Exhibit H**)

Employer	Job Title	Degree Requirement for Job	Link for posting
Cognizant Inc.	Quality Assurance Analyst	Bachelor's Degree	https://www.indeed.com/viewjob?jk=eb71cf5be80aee01&tk=1cntqjqnvdup9803&from=serp&vjs=3
Zentest Software LLC	Quality Assurance Lead	Bachelor's Degree	https://www.indeed.com/viewjob?jk=3a453dd1e66783a6&q=Quality+Assurance+Lead&tk=1cntqa42sbup9803&from=web&vjs=3

Attached exhibit containing the job postings/job announcements above already provides evidence to establish that a degree requirement is common to the industry in parallel positions among organizations similar to the petitioner.

Based on the references shared and the explanations about the complexity of the position offered, the petitioner meets similar situations justifying the need of a degree is common to the industry and the employer's particular position is so complex or unique that it can be performed only by an individual with a degree.

3) The employer normally requires a degree for the position:

The employer normally requires a degree or its equivalent for this position. All prospective candidates must meet rigorous minimum standards to be eligible for employment with the petitioner. An employee with a degree equivalent have shown the necessary aptitude and perseverance are allowed to receive the specialized training necessary to become a specialized Quality Assurance Lead. Only after all the training is successfully completed, an individual is certified as having successfully completed and gained the specialized knowledge necessary to be a Syntel Quality Assurance Lead.

Position Announcement:

Attached is the petitioner's job vacancy announcement for the specialty occupation position of a Quality Assurance Lead, which effectively shows that the petitioner requires its applicants to have a minimum of a baccalaureate or higher degree or its equivalent in the proffered specialty occupation of a Quality Assurance Lead (**Exhibit I**).

- Mainframe: To analyze and validate data in Flat files and DB2.
- Mass TESTJCL Creation tool: This tool is used to create test batch jobs in bulk quantity.

Job duties mentioned in vacancy clearly matches with beneficiary's job duties hence, bachelor degree is minimum requirement for this position where beneficiary is being employed.

Past Employment Practices:

Syntel Inc., as a petitioner has the regular practice of employing the employees who holds a minimum of Bachelor's degree or its equivalent to perform the duties of the proffered position. As an employer, petitioner does not appoint employees without a bachelor degree or its equivalent.

As additional evidence, please find attached the H1B approval notice for the beneficiaries who are currently performing the duties for the specialty occupation in similar position from petitioner's end client office. The petitioner would like to highlight and bring to your attention that these beneficiaries have attained bachelor's degree in their stream (**Exhibit J**).

The petitioner as an employer hereby demonstrates the normal requirement of a degree for the position. The nature of the specific duties is so specialized and complex that knowledge required to perform the duties is usually associated with the attainment of a baccalaureate or higher degree in a specific specialty.

4. The nature of the specific duties are so specialized and complex that knowledge required to perform the duties is usually associated with attainment of a baccalaureate of higher degree.

Bachelor's degree in "Computer Science" field with knowledge in subjects from Computer science stream, such as Object Oriented Programming (Java) and Computer science Engineering, Computer Architecture, Computer Science Laboratory (Algorithms) and Mobility Programming Laboratory are essential for understanding and acquiring knowledge of Digital Systems and fundamentals of computers, arrangement of data in computer's / mobile screens, how data get transferred through different networking layers, and in understanding the architecture & design aspects.

The position involves various technologies such as Java, Selenium, Automation Testing and Quality Engineering Concepts, Android device testing with expertise in Appium, Yajita, advanced programming Selenium using Java.

Over 11+ year's rich and extensive experience in STLC (Software Testing Life Cycle), Test Design, Automation Scripts Development and Maintenance of Android and Angular Mobility applications is required to [Performa in Sprint automation including Continuous Testing for DevOps.

Some of the important day to day activities of the beneficiary would be:

Detailed description about tasks and of work.

System Architecture 20%

Defines the architecture of application under development & Testing while aligning it to the shared technical and architectural vision for the larger Solution
Define the higher-level functional and Non-functional Requirements (NFRs)
Analyse technical trade-offs, determining the primary components and subsystems & identify the interfaces and collaborations between them
Understand the Solution Context and work with the teams, Customers, and Suppliers to help ensure fitness for purpose

Develop & maintain a deep understanding of primary & a secondary user personas
Create early designs that are lightweight (ex., prototypes, low fidelity mock-ups, simulations, API stubs) could initially be used for unit testing or continuous exploration
Create a vertical thread (full stack) of just a portion of an MMF to test the architecture and get fast feedback at a System Demo.
Create and Manage application instrumentation and telemetry that provide feedback data from production users

Automation Test Engineering 60%

Write functional test cases for each development
Write automated test cases to test requirements during regression
Define Acceptance tests
Create tests for non-functional requirements
Publish Testing metrics

Core Development 10%

- Participate in PI and Sprint planning
- Estimate backlog items and update it regularly
- Commit to the Release Plan
- Participate in development & testing (manual & automation) activities
- Support web services testing by Service delivery team
- Provide instruction (usage) manual and Release notes as required
- Defect support & resolution.
- Contribute to backlog grooming and refinement activities

UI/UX 10%

- Create Editorial rules, style guides, voice and tone guidelines, naming conventions, standard terms, and abbreviations
- Align product / application to branding and corporate identity, color palettes, usage guidelines for copyrights, logos, trademarks, and other attributions
- Maintain asset libraries, templates, etc.
- UI widgets for device testing of layout, connectivity, performance and other similar elements
- Make these assets more accessible by putting them under source control allowing the team to 'do the right thing,' as part of their natural workflow without friction

Thus the employer as a petitioner is able to meet the need of a beneficiary to have attained a baccalaureate degree or higher, which is usually associated to acquire the **knowledge with complexity to perform the duties in this proffered position.**

In summary, the petitioner meets at least one of the criteria of specialty occupation defined in 8 CFR 214.2 (h) (4) (iii). Attached the LCA for the proffered position. The petitioner consistently follow the LCA regulations and assures that compliance related to LCA is clearly adhered by the petitioner while filing such applications under the respective I-129 classifications.

Based on the details shared before you, Syntel respectfully requests that the I-129 petition for the beneficiary be approved. For any further information, if any, please contact me directly at (248) 619-3581.

Sincerely,



Dhiraj Balani
Specialist – Human Resources



Request for Premium Processing Service

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-907

OMB No. 1615-0048

Expires 04/30/2020

L'Aviles V4/2012020

Request Physically Received by USCIS	For USCIS Use Only	Returned	Resubmitted	Receipt
		Date	Date	Action Block
				Remarks

To be completed by an attorney or accredited representative (if any).	<input type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable)	Attorney or Accredited Representative USCIS Online Account Number (if any)
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► START HERE - Type or print in black ink.

Part 1. Information About the Person Filing This Request

- | | | | | |
|----|---|---------------------------|---|---|
| 1. | Alien Registration Number (A-Number) (if any) | | 2. USCIS Online Account Number (if any) | |
| | <input type="text"/> A- | | <input type="text"/> | |
| 3. | Family Name (Last Name) | Given Name (First Name) | Middle Name | |
| | <input type="text"/> NONE | <input type="text"/> NONE | <input type="text"/> NONE | |
| 4. | Company or Organization Named in the Related Case (If filed on behalf of a company or organization) | | | |
| | <input type="text"/> SYNTEL INC | | | |
| 5. | Mailing Address | | | |
| | In Care Of Name | | | |
| | <input type="text"/> DHIRAJ BALANI | | | |
| | Street Number and Name | | Apt. Ste. | Flr. Number |
| | <input type="text"/> 525 E BIG BEAVER ROAD | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> 300 |
| | City or Town | | State | ZIP Code |
| | <input type="text"/> TROY | | <input type="text"/> MI | <input type="text"/> 48083 |
| | Province | | Country | USPS ZIP Code Lookup |
| | <input type="text"/> | | <input type="text"/> USA | |
| 6. | Is your current mailing address the same as your physical address? | | | |
| | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Part 1. Information About the Person Filing This Request (continued)

7. Physical Address	Street Number and Name	Apt. Ste.	Flr. Number
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
City or Town		State	ZIP Code
Province	Postal Code	Country	

8. Request for Premium Processing Service (select only one box):

- I am the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service.
- I am the attorney or accredited representative for the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, if Form G-28 or Form G-28I has not been submitted with the petition.)
- I am the **applicant** who is filing or has filed an application eligible for Premium Processing Service.
- I am the attorney or accredited representative for the **applicant** who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28 or Form G-28I, if Form G-28 or Form G-28I has not been submitted with the application.)

Part 2. Information About the Request

1. Form Number of Related Petition or Application	2. Receipt Number of Related Petition or Application	3. Classification or Eligibility Requested
I-129	NONE	H1B
4. Petitioner or Applicant in the Related Case	Family Name (Last Name)	Middle Name
SYNTEL INC		
5. Beneficiary in the Related Case	Family Name (Last Name)	Middle Name
MOHAMED ABDUL KADAR	MOHAMED IBRAHIM	
6. Name of Point of Contact for the Company or Organization	Family Name (Last Name)	Middle Name
BALANI	DHIRAJ	
Position Title	SPECIALIST - HUMAN RESOURCES	
7. Company or Organization IRS Employer Identification Number (EIN) (if any)	2486192898	

Part 2. Information About the Request (continued)

8. Address of Petitioner, Applicant, Company, or Organization Named in Related Case	Street Number and Name 525 EAST BIG BEAVER ROAD	Apt. Ste. Flr. Number <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 300
City or Town TROY	State MI	ZIP Code 48083
Province [Redacted]	Postal Code [Redacted]	Country USA

Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the Penalties section of the Form I-907 Instructions before completing this section.

I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in Part 1. of this request if USCIS does not take an action on the related case within 15 calendar days after the appropriate USCIS office physically receives this request. I understand that case actions include a referral for investigation of suspected fraud, misrepresentation, or the issuance of an approval notice, a request for evidence, a notice of intent to deny, or a denial notice.

Requestor's Statement

NOTE: Select the box for either Item A. or B. in Item Number 1. If applicable, select the box for Item Number 2.

1. Requestor's Statement Regarding the Interpreter
 - A. I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
 - B. The interpreter named in Part 4. read to me every question and instruction on this request and my answer to every question in [Redacted], a language in which I am fluent, and I understood everything.
2. Requestor's Statement Regarding the Preparer At my request, the preparer named in Part 5, [Redacted], prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number
2486193580
4. Requestor's Mobile Telephone Number (if any)
[Redacted]
5. Requestor's Fax Number (if any)
2486192898
6. Requestor's Email Address (if any)
ODCCORETEAM@SYNTELINC.COM

Requestor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature
(continued)

I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct.

Requestor's Signature

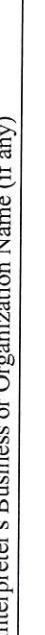
7. Requestor's Signature  Date of Signature (mm/dd/yyyy) 

NOTE TO ALL REQUESTORS: If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name) 
2. Interpreter's Business or Organization Name (if any) 

Interpreter's Mailing Address

3. Street Number and Name 
- City or Town 

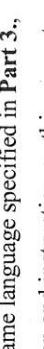
- Province 


Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number 
5. Interpreter's Email Address (if any) 

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in Part 3., Item B. in Item Number 1., and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the Requestor's Declaration and Certification, and has verified the accuracy of every answer.

Part 4. Interpreter's Contact Information, Certification, and Signature (continued)***Interpreter's Signature***

7. Interpreter's Signature _____ Date of Signature (mm/dd/yyyy) _____

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name) _____ Preparer's Given Name (First Name) _____
2. Preparer's Business or Organization Name (if any) _____

Preparer's Mailing Address

3. Street Number and Name _____ Apt. Ste. Flr. Number _____
- City or Town _____ State _____ ZIP Code _____
- Province _____ Postal Code _____ Country _____

Preparer's Contact Information

4. Preparer's Daytime Telephone Number _____ 5. Preparer's Mobile Telephone Number (if any) _____
6. Preparer's Email Address (if any) _____

Preparer's Statement

- 7.A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor with the requestor's consent.
- B. I am an attorney or accredited representative and my representation of the requestor in this case
 extends does not extend beyond the preparation of this request.
- NOTE:** If you are an attorney or accredited representative, you may need to submit a completed Form G-28 or Form G-28I with this request.

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Requestor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature

Date of Signature (mm/dd/yyyy)

Part 6. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. Family Name (Last Name) Given Name (First Name) Middle Name
NONE **NONE** **NONE**

2. A-Number (if any) ► **A-**

3.A. Page Number 3.B. Part Number 3.C. Item Number

3.D.

4.A. Page Number 4.B. Part Number 4.C. Item Number

4.D.

5.A. Page Number 5.B. Part Number 5.C. Item Number

5.D.



Petition for a Nonimmigrant Worker

Department of Homeland Security U.S. Citizenship and Immigration Services

Department of Homeland Security
U.S. Citizenship and Immigration Service

USCIS
Form I-129
OMB No. 1615-0009
Expires 12/31/2018

For USCIS Use Only		Receipt	Partial Approval (explain)	Action Block
Class: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____		<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consultate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted		
<p style="text-align: center;">► START HERE - Type or print in black ink.</p>				
<h3>Part 1. Petitioner Information</h3> <p>If you are an individual filing this petition, complete Item Number 1. If you are a company or an organization filing this petition, complete Item Number 2.</p> <ol style="list-style-type: none"> Legal Name of Individual Petitioner Family Name (Last Name) <input type="text"/> Given Name (First Name) <input type="text"/> NONE <input type="text"/> Middle Name <input type="text"/> NONE <input type="text"/> Company or Organization Name <input type="text"/> SYNTEL INC Mailing Address of Individual, Company or Organization In Care Of Name <input type="text"/> DHIRAJ BALANI Street Number and Name <input type="text"/> Apt. Ste. Flr. Number <input type="checkbox"/> <input checked="" type="checkbox"/> 300 525 EAST BIG BEAVER ROAD <input type="checkbox"/> City or Town <input type="text"/> State <input type="text"/> ZIP Code <input type="text"/> TROY MI 48083 Province <input type="text"/> Postal Code <input type="text"/> Country <input type="text"/> USA Contact Information Daytime Telephone Number <input type="text"/> Mobile Telephone Number <input type="text"/> Email Address (if any) <input type="text"/> 2486193580 <input type="text"/> ONDCoreTeam@syntelinc.com Other Information Federal Employer Identification Number (FEIN) <input type="text"/> Individual IRS Tax Number <input type="text"/> 3822312018 <input type="text"/> U.S. Social Security Number (if any) <input type="text"/> 				

Part 2. Information About This Petition (See instructions for fee information)

1. Requested Nonimmigrant Classification (Write classification symbol):
 2. Basis for Classification (select only one box):
 a. New employment

H1B

- b. Continuation of previously approved employment without change with the same employer.
 - c. Change in previously approved employment.
 - d. New concurrent employment.
 - e. Change of employer.
 - f. Amended petition.

3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."

4. Requested Action (select only one box):

- Notify the office in **Part 4**, so each beneficiary can obtain a visa E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)

b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in Item Number 2.. above.

Extend the stay of e

d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.

e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See to Form I-129 for TN and H-1B1.)

f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)

1. Total number of workers included in this petition. (See instructions relating to when more than one worker can be included.)

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. [See the Attachment-1 sheet to name each beneficiary included in this notation.]

- If an Entertainment Group, Provide the Group Name

11A

2. Provide Name of Beneficiary

Family Name (Last Name)

MOHAMED ABDUL KADAR

MOHAMED IBRAHIM

MOHAMED IBRAHIM

20

Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.

Family Name (Last Name)

NONE
NONE
NONE

ANSWER

Other Information

- | | | | |
|-------------------------------|------------|---|---|
| Date of birth
(mm/dd/yyyy) | 07/16/1985 | Gender
<input checked="" type="checkbox"/> Male
<input type="checkbox"/> Female | U.S. Social Security Number (if any)
► 7 9 5 3 9 0 6 3 5 |
|-------------------------------|------------|---|---|

Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

Alien Registration Number (A-Number) **A-** [REDACTED]

Country of Birth **INDIA** [REDACTED]

Province of Birth **DINDIGUL** [REDACTED]

Country of Citizenship or Nationality **INDIA** [REDACTED]

5. If the beneficiary is in the United States, complete the following:

Date of Last Arrival (mm/dd/yyyy) **02/08/2019** I-94 Arrival-Departure Record Number **► 7 2 4 7 2 1 0 3 0 5 6 N6443279**

Date Passport or Travel Document Issued (mm/dd/yyyy) **02/05/2016** Date Passport or Travel Document Expires (mm/dd/yyyy) **02/04/2026** Date Passport or Travel Document Country of Issuance **INDIA**

Current Nonimmigrant Status **H1B - SPECIALITY OCCUPATION** Date Status Expires or D/S (mm/dd/yyyy) **06/24/2021** Employment Authorization Document (EAD) Number (if any) **[REDACTED]**

6. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)

Street Number and Name **1409 ROPER MOUNTAIN ROAD** Apt. Ste. Flr. Number **531**
City or Town **GREENVILLE** State **SC** ZIP Code **29615**

Part 4. Processing Information

1. If a beneficiary or beneficiaries named in **Part 3.** is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

a. Type of Office (select only one box): Consultate Pre-flight inspection Port of Entry

b. Office Address (City) **NONE** [REDACTED]

c. U.S. State or Foreign Country **NONE** [REDACTED]

d. Beneficiary's Foreign Address

Street Number and Name **NONE** Apt. Ste. Flr. Number **[REDACTED]**

City or Town **NONE** State **NONE**

Province **NONE** Postal Code **[REDACTED]** Country **NONE**

2. Does each person in this petition have a valid passport? Yes No. If no, go to **Part 9**, and type or print your explanation.

Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one? Yes. If yes, how many? ► No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at www.cbp.gov/i94 instead of filing an application for a replacement/initial I-94.
- Yes. If yes, how many? ► No
5. Are you filing any applications for dependents with this petition? Yes. If yes, how many? ► No
6. Is any beneficiary in this petition in removal proceedings?
- Yes. If yes, proceed to **Part 9**, and list the beneficiary's(ies) name(s). No
7. Have you ever filed an immigrant petition for any beneficiary in this petition? Yes. If yes, how many? ► No
8. Did you indicate you were filing a new petition in **Part 2**? Yes. If yes, answer the questions below. No. If no, proceed to **Item Number 9**.
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years? Yes. If yes, proceed to **Part 9**, and type or print your explanation. No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years? Yes. If yes, proceed to **Part 9**, and type or print your explanation. No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary? Yes. If yes, proceed to **Part 9**, and type or print your explanation. No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year? Yes. If yes, proceed to **Part 9**, and type or print your explanation. No
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor? Yes. If yes, proceed to **Item Number 11.b**. No
- 11.b. If you checked yes in **Item Number 11.a**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title
QUALITY ASSURANCE LEAD
2. LCA or ETA Case Number
I-200-19081-256492

Part 5. Basic Information About the Proposed Employment and Employer (continued)

3. Address where the beneficiary(ies) will work if different from address in Part 1.
- | | |
|--|---|
| Street Number and Name
11450 GROOMS RD | Apt. Ste. Flr. Number
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| City or Town
BLUE ASH | State
OH |
| | ZIP Code
452442 |
4. Did you include an itinerary with the petition?
 Yes No
5. Will the beneficiary(ies) work for you off-site at another company or organization's location?
 Yes No
6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)?
 Yes No
7. Is this a full-time position?
 Yes No
8. If the answer to Item Number 7. is no, how many hours per week for the position?

▲
9. Wages: \$ **138 ,000 .00** per (Specify hour, week, month, or year)

► **YEAR**
10. Other Compensation (Explain)
MEDICAL INSURANCE
-

11. Dates of intended employment From: (mm/dd/yyyy) **04/08/2019** To: (mm/dd/yyyy) **03/14/2022**
12. Type of Business
COMPUTER CONSULTING
13. Year Established
14. Current Number of Employees in the United States
3418
15. Gross Annual Income
\$923 ,800 ,000
16. Net Annual Income
....

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. **DO NOT select both boxes.**

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1. A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
2. A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

Family Name (Last Name)

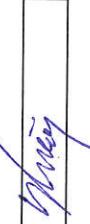
BALANI

Title

SPECIALIST – HUMAN RESOURCES

2. Signature and Date

Signature of Authorized Signatory



Date of Signature
(mm/dd/yyyy) **04/01/2019**

3. Signatory's Contact Information

Daytime Telephone Number

2486193580

Email Address (if any)

ODCCoreTeam@syntelinc.com

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (Last Name)

DHIRAJ

Given Name (First Name)

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner (continued)

3. Preparer's Mailing Address

Street Number and Name [Redacted]	Apt. Ste. Flr. Number [Redacted] <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
City or Town [Redacted]	State [Redacted] ZIP Code [Redacted]
Province [Redacted]	Postal Code [Redacted] Country [Redacted]

4. Preparer's Contact Information

Daytime Telephone Number [Redacted]	Fax Number [Redacted]	Email Address (if any) [Redacted]
--	--------------------------	--------------------------------------

Preparer's Declaration

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

5. Signature and Date

Signature of Preparer [Redacted]	Date of Signature (mm/dd/yyyy) [Redacted]
-------------------------------------	---

Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of Part 9, to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number**, **Part Number** and **Item Number** corresponding to the additional information.

1. A-Number ► A-2. Page Number 4 Part Number 4 Item Number 8A

THE BENEFICIARY PREVIOUSLY HAD H1B APPROVAL THROUGH HEXAWARE TECHNOLOGIES INC

EAC1820651277 VALID FROM 08/02/2018 TILL 06/24/2021

EAC1814352761 VALID FROM 04/24/2018 TILL 03/31/2019

WAC1719850913 VALID FROM 07/11/2017 TILL 09/30/2019

WAC-16-227-50185 VALID FROM 09/21/2016 TILL 09/20/2017

EAC-15-146-55805 VALID FROM 10/01/2015 TILL 09/30/2016

3. Page Number Part Number Item Number 4. Page Number Part Number Item Number



H Classification Supplement to Form I-129

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS

Form I-129

OMB No. 1615-0009

Expires 12/31/2018

1. Name of the Petitioner

SYNTEL INC

Name of the beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries

2.a. Name of the Beneficiary

MOHAMED IBRAHIM MOHAMED ABDUL KADAR

OR

2.b. Provide the total number of beneficiaries

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last six years (beneficiaries requesting H-2A or H-2B classification need only list the last three years). Be sure to only list those periods in which each beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. (If more space is needed, attach an additional sheet.)

Subject's Name	Period of Stay (mm/dd/yyyy) From _____ To _____
MOHAMED IBRAHIM MOHAMED ABDUL KADAR - H1B	04/23/2017 11/19/2017
MOHAMED IBRAHIM MOHAMED ABDUL KADAR - H1B	08/28/2018 01/22/2019
MOHAMED IBRAHIM MOHAMED ABDUL KADAR - H1B	02/08/2019

4. Classification sought (select **only one** box):

- a. H-1B Specialty Occupation
 b. H-1B1 Chile and Singapore
 c. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
 d. H-1B3 Fashion model of distinguished merit and ability
 e. H-2A Agricultural worker
 f. H-2B Non-agricultural worker
 g. H-3 Trainee
 h. H-3 Special education exchange visitor program
5. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?
 Yes No
6. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?
 Yes No
- 7.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?
 Yes, If yes, please explain in Item Number 7.b. No

7.b. Explanation

Section 1. Complete This Section If Filing for H-1B Classification

1. Describe the proposed duties.

PLEASE SEE ATTACHED SUPPORT LETTER

2. Describe the beneficiary's present occupation and summary of prior work experience.

PLEASE SEE ATTACHED RESUME

Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore

By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a position in a new location, I will obtain and post an LCA for that site prior to reassignment.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

Signature of Petitioner


DHIRAJ BALANI

Date (mm/dd/yyyy)

04/01/2019

Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer


DHIRAJ BALANI

Date (mm/dd/yyyy)

04/01/2019

Statement for H-1B U.S. Department of Defense Projects Only

I certify that the beneficiary will be working on a cooperative research and development project or a co-production project under a reciprocal government-to-government agreement administered by the U.S. Department of Defense.

Signature of DOD Project Manager



Date (mm/dd/yyyy)

04/01/2019

Section 2. Complete This Section If Filing for H-2A or H-2B Classification

1. Employment is: (select only one box)

- a. Seasonal b. Peak load c. Intermittent d. One-time occurrence
2. Temporary need is: (select only one box)

- a. Unpredictable b. Periodic c. Recurrent annually



H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement

USCIS

Form I-129

OMB No. 1615-0009

Expires 12/31/2018

Department of Homeland Security
U.S. Citizenship and Immigration Services

1. Name of the Petitioner

SYNTEL INC

2. Name of the Beneficiary

MOHAMED IBRAHIM MOHAMED ABDUL KADAR

Section 1. General Information

1. Employer Information - (select all items that apply)

- a. Is the petitioner an H-1B dependent employer? Yes No
- b. Has the petitioner ever been found to be a willful violator? Yes No
- c. Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements?
 - c.1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? Yes No
 - c.2. Or is it because the beneficiary has a master's degree or higher degree in a specialty related to the employment? Yes No
 - d. Does the petitioner employ 50 or more individuals in the United States?
 - d.1. If yes, are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status? Yes No

2. Beneficiary's Highest Level of Education (select only one box)

- a. NO DIPLOMA f. Bachelor's degree (for example: BA, AB, BS)
- b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (for example: GED) g. Master's degree (for example: MA, MS, MEng, MED, MSW, MBA)
- c. Some college credit, but less than 1 year h. Professional degree (for example: MD, DDS, DVM, LLB, JD)
- d. One or more years of college, no degree i. Doctorate degree (for example: PhD, EdD)
- e. Associate's degree (for example: AA, AS)

3. Major/Primary Field of Study

BACHELOR OF TECHNOLOGY IN INFORMATION TECHNOLOGY

4. Rate of Pay Per Year

\$138,000

5. DOT Code

0	3	0
---	---	---

6. NAICS Code

5	4	1	5	1	1
---	---	---	---	---	---

Section 2. Fee Exemption and/or Determination

In order for USCIS to determine if you must pay the additional \$1,500 or \$750 American Competitiveness and Workforce Improvement Act (ACWIA) fee, answer all of the following questions:

- 1. Are you an institution of higher education as defined in section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? Yes No
- 2. Are you a nonprofit organization or entity related to or affiliated with an institution of higher education, as defined in 8 CFR 214.2(h)(19)(iii)(B)? Yes No

Section 2. Fee Exemption and/or Determination (continued)

3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)? Yes No
4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien? Yes No
5. Is this an amended petition that does not contain any request for extensions of stay? Yes No
6. Are you filing this petition to correct a USCIS error? Yes No
7. Is the petitioner a primary or secondary education institution? Yes No
8. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution? Yes No

If you answered yes to any of the questions above, you are not required to submit the ACWIA fee for your H-1B Form I-129 petition. If you answered no to all questions, answer Item Number 9. below.

9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? Yes No

If you answered yes, to Item Number 9. above, you are required to pay an additional ACWIA fee of **\$750**. If you answered no, then you are required to pay an additional ACWIA fee of **\$1,500**.

NOTE: A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional **\$500** Fraud Prevention and Detection fee. For petitions filed on or after December 18, 2015, an additional fee of **\$4,000** must be submitted if you responded yes to Item Numbers 1.d. and 1.d.1. of Section 1. of this supplement. This **\$4,000** fee was mandated by the provisions of Public Law 114-113.

The Fraud Prevention and Detection Fee and Public Law 114-113 fee do not apply to H-1B1 petitions. These fees, when applicable, may not be waived. You must include payment of the fees when you submit this form. Failure to submit the fees when required will result in rejection or denial of your submission. Each of these fees should be paid by separate checks or money orders.

Section 3. Numerical Limitation Information

1. Specify the type of H-1B petition you are filing. (select only one box):
- a. CAP H-1B Bachelor's Degree c. CAP H-1B1 Chile/Singapore
- b. CAP H-1B U.S. Master's Degree or Higher d. CAP Exempt
2. If you answered Item Number 1.b. "CAP H-1B U.S. Master's Degree or Higher," provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):

a. Name of the United States Institution of Higher Education <input type="text"/>	b. Date Degree Awarded <input type="text"/>	c. Type of United States Degree <input type="text"/>
d. Address of the United States institution of higher education		Apt. Ste. Flr. Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Street Number and Name <input type="text"/>
		State <input type="text"/>
		ZIP Code <input type="text"/>

Section 3. Numerical Limitation Information (continued)

3. If you answered Item Number 1.d. "CAP Exempt," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:
- a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).
 - b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(ii)(F)(2).
 - c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(ii)(F)(3).
 - d. The beneficiary will be employed at a qualifying cap exempt institution, organization or entity pursuant to 8 CFR 214.2(h)(8)(ii)(F)(4).
 - e. The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.
 - f. The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(l) of the Act.
 - g. The beneficiary of this petition has been counted against the cap and (1) is applying for the remaining portion of the 6 year period of admission, or (2) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).
 - h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

Section 4. Off-Site Assignment of H-1B Beneficiaries

1. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification sought.
If no, do not complete Item Numbers 2. and 3.
 - Yes No
2. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification. Yes No
3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. Yes No



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Please read and review the filling instructions carefully before completing the Form ETA-9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.dol.gov/>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor (DOL). For all submissions, both electronic (Form ETA- 9035E) or paper (Form ETA- Form 9035 where the employer has notified DOL that it will submit this form non-electronically due to a disability or received permission from DOL to file non-electronically due to lack of internet access), ALL required fields/items containing an asterisk (*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *	H-1B
--	------

B. Temporary Need Information

1. Job Title * QUALITY ASSURANCE LEAD	3. SOC (ONET/OES) occupation title * COMPUTER OCCUPATIONS, ALL OTHER 15-1199
4. Is this a full-time position? *	5. Begin Date * (mm/dd/yyyy) 03/22/2019
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6. End Date * (mm/dd/yyyy) 03/21/2022
7. Worker positions needed/basis for the visa classification supported by this application	
1 <input type="checkbox"/> Total Worker Positions Being Requested for Certification *	
Basis for the visa classification supported by this application (Indicate total workers in each applicable category)	
<input type="checkbox"/> 0	a. New employment *
<input type="checkbox"/> 0	b. Continuation of previously approved employment without change with the same employer*
<input type="checkbox"/> 0	c. Change in previously approved employment *
<input type="checkbox"/> 0	d. New concurrent employment *
<input type="checkbox"/> 1	e. Change in employer *
<input type="checkbox"/> 0	f. Amended petition *

C. Employer Information

1. Legal business name * SYNTEL INC	6. State * MI	7. Postal code * 48083
2. Trade name/Doing Business As (DBA), if applicable N/A	8. Country * UNITED STATES OF AMERICA	9. Province N/A
3. Address 1 * 525 EAST BIG BEAVER ROAD	10. Telephone number * 2486193580	11. Extension N/A
4. Address 2 SUITE 300	12. Federal Employer Identification Number (FEIN from IRS) * 3823312018	13. NAICS code (must be at least 4-digits) * 541511



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D. Employer Point of Contact Information

Important Note: The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s)
FERNANDES	SAMSON	DOMNIC
4. Contact's job title *		
SPECIALIST - HUMAN RESOURCES		
5. Address 1 *		
525 EAST BIG BEAVER ROAD		
6. Address 2		
SUITE 300		
7. City *	8. State *	9. Postal code *
TROY	MI	48083
10. Country *	11. Province	
UNITED STATES OF AMERICA		
12. Telephone number *	13. Extension	14. E-Mail address
2486193580	N/A	ODCCORETEAM@SYNTELINC.COM

E. Attorney or Agent Information (if applicable)

Important Note: The employer authorizes the attorney or agent identified in this section to act on its behalf in connection with the filing of this application.

1. Is the employer represented by an attorney or agent in the filing of this application? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s)
N/A	N/A	N/A
5. Address 1 §	6. Address 2	
N/A	N/A	
7. City §	8. State §	9. Postal code §
N/A	N/A	N/A
10. Country §	11. Province	
N/A	N/A	
12. Telephone number §	13. Extension	14. E-Mail address
N/A	N/A	N/A
15. Law firm/Business name §	16. Law firm/Business FEIN §	
N/A	N/A	
17. State Bar number (only if attorney) §	18. State of highest court where attorney is in good standing (only if attorney) §	
N/A	N/A	
19. Name of the highest State court where attorney is in good standing (only if attorney) §		
N/A		



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F. Employment and Wage Information

Important Note: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting this form non-electronically and the work is expected to be performed in more than one location, an attachment must be submitted in order to complete this section. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. Place of Employment Information 1

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*	1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. §	The Kroger Co.
4. Address 1 *	11450 Grooms rd
5. Address 2	N/A
6. City *	Blue Ash
8. State/District/Territory *	OH
9. Postal code *	45242
10. Wage Rate Paid to Nonimmigrant Workers *	10a. Per: (Choose only one)*
From*: \$ <u>138000.00</u>	To:\$ <u>138000.00</u>
\$ <u>64979.00</u>	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one): *	
12. A Prevailing Wage Determination (PWD) issued by the Department of Labor	a. PWD tracking number § N/A
13. A PW obtained independently from the Occupational Employment Statistics (OES) Program	b. Source Year § 2019
14. A PW obtained using another legitimate source (other than OES) or an independent authoritative source	
a. Source Type (check one): §	
<input type="checkbox"/> CBA	<input type="checkbox"/> DBA
<input type="checkbox"/> SCA	<input type="checkbox"/> Other/ PW Survey
c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher § N/A	b. Source Year § N/A
d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey § N/A	



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G. Employer Labor Condition Statements

! Important Note: In order for your application to be processed, you MUST read Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E under the heading "Employer Labor Condition Statements" and agree to all four (4) labor condition statements summarized below.

- (1) **Wages:** The employer shall pay nonimmigrant workers at least the prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. The employer shall offer nonimmigrant workers benefits and eligibility for benefits provided as compensation for services on the same basis as the employer offers to U.S. workers. The employer shall not make deductions to recoup a business expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, H-1B1, or E-3 program functions which are required to be performed by the employer. This includes expenses related to the preparation and filing of this LCA and related visa petition information. 20 CFR 655.73;
- (2) **Working Conditions:** The employer shall provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. The employer's obligation regarding working conditions shall extend for the duration of the validity period of the certified LCA or the period during which the worker(s) working pursuant to this LCA is employed by the employer, whichever is longer. 20 CFR 655.732;

(3) **Strike, Lockout, or Work Stoppage:** At the time of filing this LCA, the employer is not involved in a strike, lockout, or work stoppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the Department of Labor within 3 days of the occurrence of a strike or lockout in the occupation, and in that event the LCA will not be used to support a petition filing with the U.S. Citizenship and Immigration Services (USCIS) until the DOL Employment and Training Administration (ETA) determines that the strike or lockout has ended. 20 CFR 655.733; and

(4) **Notice:** Notice of the LCA filing was provided no more than 30 days before the filing of this LCA or will be provided on the day this LCA is filed to the bargaining representative in the occupation and area of intended employment, or if there is no bargaining representative, to workers in the occupation at the place(s) of employment either by electronic or physical posting. This notice was or will be posted for a total period of 10 days, except that if employees are provided individual direct notice by e-mail, notification need only be given once. A copy of the notice documentation will be maintained in the employer's public access file. A copy of this LCA will be provided to each nonimmigrant worker employed pursuant to the LCA. The employer shall, no later than the date the worker(s) report to work at the place(s) of employment, provide a signed copy of the certified LCA to the worker(s) working pursuant to this LCA. 20 CFR 655.734.

- | | |
|---|---|
| 1. <u>I have read and agree to</u> Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in
Section G of the Form ETA-9035CP – General Instructions for the 9035 & 9035E and the
Department's regulations at 20 CFR 655 Subpart H. * | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

H. Additional Employer Labor Condition Statements – H-1B Employers ONLY

! Important Note: In order for your H-1B application to be processed, you MUST read Section H – Subsection 1 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1

1. At the time of filing this LCA, is the employer H-1B dependent? § Yes No
 2. At the time of filing this LCA, is the employer a willful violator? § Yes No
 3. If "Yes" is marked in questions H.1 and/or H.2, you must answer "Yes" or "No" regarding whether the employer will use this application ONLY to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers? § Yes No
 4. If "Yes" is marked in question H.3, identify the statutory basis for the exemption of the H-1B nonimmigrant workers associated with this LCA. §

<input checked="" type="checkbox"/> \$60,000 or higher annual wage
<input type="checkbox"/> Master's Degree or higher in related specialty
<input type="checkbox"/> Both
- H-1B Dependent or Willful Violator Employers - Master's Degree or Higher Exemptions ONLY**
5. Indicate whether a completed Appendix A is attached to this LCA covering any H-1B nonimmigrant worker for whom the statutory exemption will be based ONLY on attainment of a Master's Degree or higher in related specialty. §

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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If you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (exempt H-1B nonimmigrant workers), you **MUST** read Section H – Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all three (3) additional statements summarized below.

b. Subsection 2

- A. **Displacement:** An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 655.738(c);
- B. **Secondary Displacement:** An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(5) concerning that other/secondary employer's displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period; and
- C. **Recruitment and Hiring:** Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655.739.

6. **I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. §**

I. Public Disclosure Information

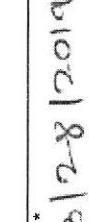
! Important Note: You must select one or both of the options listed in this Section.

1. Public disclosure information in the United States will be kept at: *
- | | |
|--|--|
| <input checked="" type="checkbox"/> Employer's principal place of business | <input type="checkbox"/> Place of employment |
|--|--|

J. Notice of Obligations

- A. Upon receipt of the certified LCA, the employer must take the following actions:
 - Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(o)(3));
 - Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2); 20 CFR 655.730(c)(3); and 20 CFR 655.750); and
 - Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.S. or at the place of employment within one working day after the date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.780).
- B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(4)(iv)).
- C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act (20 CFR 655.760 and 20 CFR Subpart I).

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge, the information contained therein is true and accurate. I understand that to knowingly furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1627).

- | | | |
|--|--|--|
| 1. Last (family) name of hiring or designated official * | 2. First (given) name of hiring or designated official * | 3. Middle initial \$ |
| FERNANDES | SAMSON | D |
| 4. Hiring or designated official title * | | |
| SPECIALIST - HUMAN RESOURCES | | |
| 5. Signature *  | | 6. Date signed *  |



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K. LCA Preparer

Important Note: Complete this section if the preparer of this LCA is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial N/A
4. Firm/Business name § N/A		
5. E-Mail address § N/A		

L. U.S. Government Agency Use (ONLY)

By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 03/22/2019 to 03/21/2022

Department of Labor, Office of Foreign Labor Certification

I-200-19081-256492

Case number

CERTIFIED

Case Status

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA.

M. Signature Notification and Complaints

The signatures and dates signed on this form will not be filled out when electronically submitting to the Department of Labor for processing, but **MUST** be complete when submitting non-electronically. If the application is submitted electronically, any resulting certification **MUST** be signed **immediately upon receipt** from DOL before it can be submitted to USCIS for final processing.

Complaints alleging misrepresentation of material facts in the LCA and/or failure to comply with the terms of the LCA may be filed using the WH-4 Form with any office of the Wage and Hour Division, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at www.dol.gov/whd. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with the U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, 950 Pennsylvania Avenue, NW # 1ER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at www.justice.gov. Please note that complaints should be filed with the Civil Rights Division, Immigrant and Employee Rights Section at the Department of Justice only if the violation is by an employer who is H-1B dependent or a willful violator as defined in 20 CFR 655.710(b) and 655.734(a)(1)(ii).

N. OMB Paperwork Reduction Act (1205-0310)

These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Your response is required to receive the benefit of consideration of your application. (Immigration and Nationality Act, Section 212(n) and (t) and 214(c).) Public reporting burden for this collection of information, which is to assist with program management and to meet Congressional and statutory requirements, is estimated to average 75 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Foreign Labor Certification, 200 Constitution Ave., NW, Box PPI 12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**