

SECTION 1: STUDENT INFORMATION (Completed by Student)	
Student Name (Surname/Primary Name, Given Name): Kapoor, Siddharth	Student Email Address: skapoor02@gmail.roosevelt.edu
Name of School Recomending STEM OPT: ROOSEVELT UNIVERSITY	SEVIS School Code of School Recomending STEM OPT (including 3-digit suffix): CHI214F0117000
STEM OPT: CHI214F0117000	SEVIS ID No.: N0025327308
From: 02/05/2021 To: 02/04/2023	Qualifying Major and Classification of Instructional Programs (CIP) Code: 11.0701
Level/Type of Qualifying Degree: Master's	Qualifying Major and Classification of Instructional Programs (CIP) Code: 11.0701
Date Awarded (mm-dd-yyyy): 12/14/2019	Employment Authorization Number: 116520081
Based on Prior Degree? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, information and belief. I understand that the law provides severe penalties for knowingly and willfully falsifying or concealing a material fact, or using any false document in the submission of this form.
SECTION 2: STUDENT CERTIFICATION	
<p>1. I have reviewed, understood, and will adhere to this Training Plan for STEM OPT Students ("Plan");</p> <p>2. I will notify the DSO at the earliest available opportunity if I believe that my employer is not providing me with appropriate training as delineated on this Plan;</p> <p>3. I understand that the Department of Homeland Security (DHS) may deny, revoke, or terminate the STEM OPT of students whom DHS determines are not engaging in STEM training opportunity required by the law, including the STEM OPT of students under this rule;</p> <p>4. My practical training opportunity is directly related to the STEM degree that qualifies me for the STEM OPT extension; and</p> <p>5. I will notify the DSO at the earliest available opportunity regarding any material changes to or deviations from this Plan, including but not that I engage in STEM training opportunity, and any decrease in hours below the 20-hours-per-week minimum required under this rule.</p>	
<p>Printed Name of Student: Siddharth Kapoor Date (mm-dd-yyyy): 11/17/2020</p> <p>Signature of Student (Sign in ink): </p>	

Science, Technology, Engineering & Mathematics (STEM) Optional Practical Training (OPT)

TRAINING PLAN FOR STEM OPT STUDENTSU.S. Immigration and Customs Enforcement
DEPARTMENT OF HOMELAND SECURITYOMB APPROVAL NO. 1653-0054
EXPIRATION DATE: 7/31/2021

Employer Name:		Tata Consultancy Services Limited		Street Address:		9201, Corporate Blvd		Suite:		Employee ID Number (EIN):		Number of Full-Time Employees in U.S.:		North American Industry Classification System (NAICS) Code:		OPT Hours Per Week (must be at least 20 hours/week):		A. Salary Amount and Frequency: \$71,500 annually & paid by-weekly		B. Other Compensation (Type and Estimated Amount or Value):		Start Date of Employment (mm-dd-yyyy): 02/05/2021		I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, I certify on behalf of the employer that this Training Plan for STEM OPT Students ("Plan") is approved and that:	
1. I have reviewed and understand this Plan, and I will ensure that the supervising Official follows this Plan;		2. I will notify the DSO at the earliest available opportunity regarding any material changes to this Plan, including but not limited to, any change of training opportunity, and any decrease in hours below the 20-hours-per-week minimum required under this rule;		3. Within five business days of the termination or departure of the student during the authorized period of OPT, I will report such termination or departure to the DSO (Note: business days do not include federal holidays or weekends); and an employer shall consider a student to have departed when the employer knows the student has left the practical training opportunity, or when the student has not reported for practical training for a period of five consecutive business days without the consent of the employer); and		4. I will adhere to all applicable regulatory provisions that govern this program (see 8 CFR Part 214), which include, but are not limited to, the following:		a. The student's practical training opportunity is directly related to the STEM degree that qualifies the student for the STEM OPT extension;		b. The student will receive on-site supervision and training, consistent with this Plan, by experienced and knowledgeable staff;		c. The employer has sufficient resources and personnel to provide the specified training program set forth in this Plan, and the employer is prepared to implement that program, including at the location(s) identified in this Plan;		d. The student on a STEM OPT extension will not replace a full- or part-time, temporary or permanent U.S. worker. The terms and conditions of employment; and		e. The training conducted pursuant to this Plan complies with all applicable Federal and State requirements relating to employment of employees in the area similar to the employee's similarly situated U.S. workers or, if the employer does not employ and has not recently employed more than applicable to the employee's training opportunity—incuding duties, hours, and compensation—are commensurate with the terms and conditions of the STEM practical training opportunity—incuding duties, hours, and compensation—arre commensurate with the terms and conditions of the employer's similarly situated U.S. workers, and compensation does not employ and has not recently employed more than applicable to the employee's training opportunity—incuding duties, hours, and compensation—arre commensurate with the terms and conditions of the employer's similarly situated U.S. workers.		Note: DHS may, at its discretion, conduct a site visit of the employer to ensure that program requirements are being met, including that the employer possesses and maintains the ability and resources to provide structured and guided work-based learning experiences consistent with this Plan.							
Signature of Employer Official with Signatory Authority (Sign in ink):		Printed Name of Employee with Signatory Authority: Jayesh Vembarkunji, Program Manager		Printed Name and Title of Employer Official with Signatory Authority: Tata Consultancy Services Limited		Printed Name of Employing Organization: Tata Consultancy Services Limited		Date (mm-dd-yyyy): 11-17-2020																	
SECTION 3: EMPLOYER INFORMATION (Completed by Employer)																									
SECTION 4: EMPLOYER CERTIFICATION																									

SECTION 5: TRAINING PLAN FOR STEM OPT STUDENTS (Completed by Student and Employer)	
Student Name (Surname/Primary Name, Given Name):	Tata Consultancy Services Limited
Employer Name:	Kapoor, Siddharth
Site Name:	CNA (Continent Casualty Company)
Site Address (Street, City, State, ZIP):	60604 333 South Wabash Avenue, Chicago, Illinois,
Name of Official:	Official's Title: Program Manager Jayesh Vembakuniyil
Official's Email:	Jayesh.vk@tcs.com +1 (312) 866-4910
Note: for the remaining fields in this section, employers who already have an internal/pre-existing training plan in place may fill in the details based on that plan.	
Student Role: Describe the student's role with the employer and how that role is directly related to enhancing the student's knowledge obtained through his or her qualifying STEM degree.	
Skills and Objectives: Describe how the assignment(s) with the employer will help the student achieve his or her specific objectives for work-based learning related to his or her STEM degree. The description must both specify the student's goals regarding specific knowledge, skills, or techniques learned as well as the means by which they will be achieved.	
Employer Overview: Explain how the employer provides oversight and supervision of individuals filling positions such as that being filled by the employee. Explain how the employer measures and supervises such as that being filled by the employee. Please describe how the employer measures and assessments.	
Measures and Assessments: Explain how the employer measures and confirms whether individuals filling positions such as that being filled by the employee are acquiring new knowledge and skills. If the employer has a training program or related policy in place that controls such measurements to the performance and challenges in implementation and management of the solution. Also there is monthly meetings to discuss ideas to improve efficiency in implementation and evaluate the performance and challenges in implementation and development of the solution. Also there is follow-up meetings and trainings provided by the supervisor to the student to measure and assessments, please describe.	
Knowledgeable. Explain how the employer measures and confirms whether individuals filling positions such as that being filled by the employee has a constant feedback to improve the performance.	

<p>*See evaluation forms that follow for student's first evaluation, to occur before the one year anniversary of the start date of the student's STEM OPT employment authorization, and final program evaluation.</p> <p>The public reporting burden for this collection of information is estimated to average 7.5 hours per response, including time required for searching existing data sources, gathering the necessary documentation and/or documents required, and reviewing the final collection. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, send them to: U.S. Immigration and Customs Enforcement, Office of Policy, 500 12th Street SW, Washington, D.C. 20536</p>	
<p>PAPERWORK REDUCTION ACT</p> <p>DISCLOSURE: The information you provide is voluntary. However, failure to provide the information requested on this form may delay or prevent participation in a STEM OPT opportunity.</p> <p>ROUTINE USES: The information collected on this form may be shared with: the individuals who signed the Plan, relevant DSOs acting as liaisons with the DHS, State, local, or foreign government entities for law enforcement purposes, Members of Congress in response to requests on immigration and Customs Enforcement, DHS/ICE-001 Student and Exchange Visitor Information System (SEVIS) System of Records (https://www.dhs.gov/system-records-notices-soms).</p> <p>PURPOSE: The information collected on this form is used to assist in the administration of the STEM Optional Practical Training (OPT) extension so that Designated School Officials (DSO) can properly recommend the Student for and review and help coordinate his or her STEM optional practical training opportunity.</p> <p>AUTHORITIES: Section 101(a)(15)(F) of the Immigration and Nationality Act of 1952, as amended (INA), 8 U.S.C. 1101(a)(15)(F), Section 641 of the Illegal Immigration Responsibility Act of 1996 (IIRRA), Pub. L. 104-208, Div. C, 110 Stat. 3009-546 (codified at 8 U.S.C. 1372), Section 502 of the Enhanced Border Security and Visa Entry Reform Act of 2002, Pub. L. 107-173, 116 Stat. 543 (codified at 8 U.S.C. 1762) and Homeland Security Presidential Directive No. 2 (HSPD-2), authorize U.S. Immigration and Customs Enforcement (ICE) to collect the information requested in this form.</p>	
<p>PRIVACY ACT STATEMENT</p> <p>Date (mm-dd-yyyy): 11-17-2020</p> <p>Printed Name and Title of Employer Official with Signature Authority: <u>Jayesh Vembarkunji</u>, Program Manager</p> <p>Signature of Employer Official with Signature Authority (Sign in ink):</p> <p>I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, I believe the student is not receiving appropriate training as delineated in this Plan.</p> <p>1. I will notify the DSO regarding any material changes to or material deviations from this Plan at the earliest available opportunity, including if I adhere to all applicable regulatory provisions that govern this program (see 8 CFR Part 214.2(f)(10)(iii); and</p> <p>2. I will conduct the required periodic evaluations of the student;</p> <p>3. I have reviewed, understood, and will follow this Training Plan for STEM OPT Students (Plan);</p> <p>Employer Official with Signature Authority - I certify that:</p> <p>I declare and affirm under penalty of perjury that the statements and information made herein are true and correct to the best of my knowledge, I believe the student is not receiving appropriate training as delineated in this Plan.</p> <p>Additional Remarks (optional): Provide additional information pertinent to the Plan.</p> <p>Additional Remarks (optional): Provide additional information pertinent to the Plan.</p>	
<p>SECTION 6: EMPLOYER OFFICIAL CERTIFICATION</p>	

EVALUATION ON STUDENT PROGRESS	
<p>Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for STEM OPT Students. Discuss accomplishments, successful projects, overall contributions, etc., during this review period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.</p> <p>Range of Evaluation Dates: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____</p>	
<p>Signature of Student (Sign in ink): _____</p> <p>Printed Name of Student: _____ Date (mm-dd-yyyy): _____</p> <p>Signature of Employer Official with Signatory Authority (Sign in ink): _____</p> <p>Printed Name of Employer Official with Signatory Authority (Sign in ink): _____ Date (mm-dd-yyyy): _____</p>	
FINAL EVALUATION ON STUDENT PROGRESS	
<p>Provide a self-evaluation of your performance, using the measures previously identified, in applying and acquiring new knowledge, skills, and competencies identified in the Training Plan for STEM OPT Students. Discuss accomplishments, successful projects, overall contributions, etc., during this review period. Address whether there are any modifications to the objectives and goals for projects, or new areas for skill and competency development.</p> <p>Range of Evaluation Dates: From (mm-dd-yyyy): _____ To (mm-dd-yyyy): _____</p>	
<p>Signature of Student (Sign in ink): _____</p> <p>Printed Name of Student: _____ Date (mm-dd-yyyy): _____</p> <p>Signature of Employer Official with Signatory Authority (Sign in ink): _____</p> <p>Printed Name of Employer Official with Signatory Authority (Sign in ink): _____ Date (mm-dd-yyyy): _____</p>	