

For ODC Use Only

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☒ Reports
☒ Undertaking
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☐ Processing Center

- Neeraj Mishra

Recd on
18/12/14

LCA-y

For Applicants Use Only

REQUISITION FORM FOR H-1B

All dates to be mentioned in mm/dd/yyyy form. Incomplete forms will not be processed. All documents to be on Custom size (8.5 inches x 11 inches) paper.

First Name : MADHURI Middle Name : SADASHIV Last Name : NIRMALE

Employee ID : 33322 Date of Joining Syntel : 09/26/2011 Band, Grade : B2,AP2

Current Address : Umachal", Near Foodies Corner, Sambahji Chowk, Akurdi, Pune

Permanent Address: SHIVRATNA, ANADBAN COLONY NEAR JAIBAJRANG SCHOOL, PIPELINE RD SAVEDI, AHMEDNAGAR-414 003(MS)

Tel. #Work (Nortel) : 0203-3446 Home : 0241-2426642 Mobile: 9623615080

Email Address: madhuri_nirmale@syntelinc.com

Consulate where visa will be stamped: Mumbai Passport# K1788202

Passport issued on: 12/01/2011 Passport expires on: 11/30/2021

Social Security #: If Any Birth Date: 04/23/1989

Country of birth : INDIA Place of birth: TULJAPUR

Have you filed H1 before, if yes give details (Approved/Denied/Receipt #): NO

Vertical: Retail, Logistics & Telecom Project: FedEx

Client Name: FedEx

Complete address of the proposed work location in the US once the H1 is approved:

1900 Summit Tower Blvd
Site 1400-Software Engg Ctr
Orlando, FL 32810
US.

Beneficiary's proposed job duties at the onsite location once the H1 is approved (Description should be detailed)

- 1) Involve in requirement gathering, analysis and project planning along with offshore/onsite project manager.
- 2) Conferred with clients to identify the scope of business and functionality.
- 3) Preparation of Detail Design documents for application.
- 4) Demo and presentation of new tool functionalities to users.
- 5) Enhancement of tools in case of addition of new functionalities and support them in case of failures.
- 6) Support execution team by proving solution during failure of Automation test scripts that abrupt execution flow
- 7) Involving in day to day meetings and planning activities with the client.
- 8) Loading of generated Actuals at the end of execution to validate all the test cases and track hidden bugs.
- 9) Conducting the transitions for new resources and new added functionalities to offshore.
- 10) Providing onsite manager daily status report for all defects and artifacts

Details of the Beneficiary's Syntel Manager at the Onsite Location:

Onsite Manager's Name	: Yusuf Bohri
Job Title	: Onsite Test Manager
Contact Details	: +1-901-297-9678
Email Id	: Yusufali_Bohri@syntelinc.com

Onsite manager duties at the onsite location in detail:

- 1) Monitor and evaluate scope, schedule, budget and quality.
- 2) Facilitate Work Product Reviews with Syntel Onsite Leads.
- 3) Ensure all phase-specific deliverables and quality of deliverabkes are met,contribute to team deliverables as applicable.
- 4) Revenue and Margins
- 5) Liaison between the client and offshore delivery management.
- 6) Supporting Level for Sales.
- 7) Coordinating with the Offshore team to support execution team by providing solution during failure of Automation test scripts.
- 8) Ensure compliance to all company's rules and regulations.

Detailed description of the project that the beneficiary will be working once the H1 is approved:

This project of FedEx deals with the Revenue Systems of FedEx. It is a Testing project and it performs Test design & execution activities in Revenue system. Testing includes System, Integration, Performance and Production like Testing. Team Responsibility is to test regression and AT impacts as new features of release. Syntel is supposed to design & execute test cases and test data required to test functionality. Automation tools supports both design and execution. In order to reduce manual efforts of executions several QTP scripts are created that makes execution simpler and time efficient also Automation tools helps design team by validating the test cases through automation script being time efficient.

Any failures are tracked by opening a Defect and communicate with development team to fix the code issue. Team Responsibility is also includes Defect Management.

All Entry/Exit dates in/from US (in H1/L1 classifications):

Visa Type	H1B	Date of entry	Date of Exit/Departure	Employer
		DD/MMM/YYYY	DD/MMM/YYYY	

Attestations by employee/Manager:

I confirm that the information and documents provided herewith are genuine and I am willing to adhere to Syntel's visa & deputation policies.

 Employee
 (Sign)

 Certified by Manager
 (Name & Sign)

April 01, 2015

Department of Homeland Security
United States Citizenship and Immigration Services

RE: H-1B Petition on Behalf of Ms. Madhuri Sadashiv Nirmale.

Dear CIS Officer:

I represent the petitioner, Syntel Consulting Inc. ("Syntel") a global software systems services company.

Enclosed is an H-1B Petition on behalf of Ms. Madhuri Sadashiv Nirmale. Included with the H-1B petition, please find the following:

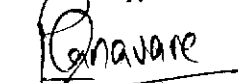
1. Syntel's letter in support of the Petition;
2. Check for \$1825.00 (Base fee of \$325.00 plus Data Collection and Filing Fee of \$1500.00);
3. Check for \$2500.00 (for Fraud Prevention and Detection Fee);
4. I-129 petition and its Supplements;
5. Copy of current LCA and list of all H-1B petitions filed on this LCA;
6. Copy of documents in support of education/experience;
7. Copy of Credential Evaluation;
8. Passport copy (all biographic pages);
9. Copy of Offer letter;
10. Copy of Valid Contract between the Petitioner and its client FedEx;
11. Copy of Valid Statement of Work between the petitioner and its client FedEx;

Syntel needs the beneficiary's services not only at the initial work site but also a few other work sites at which Syntel has current job openings. Syntel commits that should, for whatever reason, the beneficiary's services are no longer needed at the initial work site during the term of the H-1B, Syntel does and will have need of Ms. Madhuri Sadashiv Nirmale's services at other Syntel work sites for the duration of the H-1B.

Syntel commits that the beneficiary will not be located at a work site without a valid LCA and that Syntel will comply with all prevailing wage requirements at all work sites.

Syntel respectfully requests the approval of the enclosed H-1B visa petition at your earliest convenience. Thank you for your cooperation in this matter. Should you have any further questions or need any further information, please contact the undersigned at 248-619-3581.

Sincerely,



Pravin Nanaavare
Assistant Manager - Human Resources



HEADQUARTERS

525 E. Big Beaver Road,
Suite 300
Troy, MI 48083
Tel No. : 248 - 619 - 2800
Fax No.: 248 - 619 - 2888

www.syntelinc.com

April 01, 2015

Department of Homeland Security
United States Citizenship and Immigration Services

RE: H-1B Petition on Behalf of Ms. Madhuri Sadashiv Nirmale.

Dear CIS Officer:

This letter is submitted in support of the petition of Syntel Consulting Inc. ("Syntel") to classify Ms. Madhuri Sadashiv Nirmale's status as a nonimmigrant in a specialty occupation to serve as a Programmer Analyst for Syntel on a temporary basis.

The Petitioner

The Petitioner, Syntel Consulting Inc. is a wholly owned subsidiary of Syntel Inc. which is a global IT company that provides leading edge software solutions services to Fortune 1000 companies. Syntel Inc. is publicly traded on the NASDAQ under the Symbol 'SYNT'. Syntel Inc. operates 10 offices with Global Development Centers in Cary, North Carolina, Santa Fe, New Mexico in US, London in the U.K, Germany, Mumbai, Pune and Chennai in India. Syntel Inc's gross revenue for fiscal year 2013 is more than \$824 million and all Syntel Inc's group company's employs about 22000+ employees worldwide.

Syntel Inc. is in this business for nearly 30 years, creating custom solutions, improving its own efficiencies, which has enabled us to grow from a small, local company to a global one, with offices around the world and development centers in both the United States and India. 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 the customers achieve their expectations.

The Position Offered

Syntel currently seeking to employ Programmer Analyst 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 Programmer Analysts 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 Programmer Analysts qualified in specific skill sets. After a client's business requirements are analyzed and their systems are designed, developed and implemented, the Programmer Analyst is then subject to reassignment to another client. Occasionally the Programmer Analyst will continue maintaining a system after the system is implemented.

Beneficiary's Job Description:

The beneficiary, in the capacity of a Programmer Analyst will perform following activities:

- Involve in requirement gathering, analysis and project planning along with offshore/onsite project manager.
- Conferred with clients to identify the scope of business and functionality.
- Preparation of Detail Design documents for application.
- Demo and presentation of new tool functionalities to users.
- Enhancement of tools in case of addition of new functionalities and support them in case of failures.

- Support execution team by providing solution during failure of Automation test scripts that abrupt execution flow
- Involving in day to day meetings and planning activities with the client.
- Loading of generated Actuals at the end of execution to validate all the test cases and track hidden bugs.
- Conducting the transitions for new resources and new added functionalities to offshore.
- Providing onsite manager daily status report for all defects and artifacts

Syntel Manager's contact details at the onsite location:

Onsite Manager's Name	: Yusuf Bohri
Job Title	: Onsite Test Manager
Contact Details	: +1-901-297-9678
Email Id	: Yusufali_Bohri@syntelinc.com

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

- Monitor and evaluate scope, schedule, budget and quality.
- Facilitate Work Product Reviews with Syntel Onsite Leads.
- Ensure all phase-specific deliverables and quality of deliverables are met, contribute to team deliverables as applicable.
- Revenue and Margins
- Liaison between the client and offshore delivery management.
- Supporting Level for Sales.
- Coordinating with the offshore team to support execution team by providing solution during failure of Automation test scripts.
- Ensure compliance to all company's rules and regulations.

Detailed description of the project that the beneficiary will be working once the H1 is approved:

This project of FedEx deals with the Revenue Systems of FedEx. It is a Testing project and it performs Test design & execution activities in Revenue system. Testing includes System, Integration, Performance and Production like Testing. Team Responsibility is to test regression and AT impacts as new features of release. Syntel is supposed to design & execute test cases and test data required to test functionality. Automation tools supports both design and execution. In order to reduce manual efforts of executions several QTP scripts are created that makes execution simpler and time efficient also Automation tools helps design team by validating the test cases through automation script being time efficient. Any failures are tracked by opening a Defect and communicate with development team to fix the code issue. Team Responsibility is also includes Defect Management.

The educational requirement for the specialty occupation of Programmer Analyst involves theoretical knowledge and practical application of engineering principles of the type normally gained during a bachelor's degree program; and hence Syntel routinely requires a person with minimum Bachelor's degree in this field or in another relevant academic discipline in order to perform the sophisticated duties described above. The requirement of a Bachelor's degree or degree equivalency is a prerequisite for employment for a similar position amongst other competitive companies and is emanates from the fundamentally analytic job to be performed.

The foregoing duties and requirements do mark the offered position as a 'specialty occupation' in accordance with the statutory definition set forth in 8 CFR § 214.2 (h)(4)(iii)(A).

The Beneficiary

The beneficiary, Ms. Madhuri Sadashiv Nirmale is well qualified for this specialty occupation position as she holds a Bachelor of Engineering degree in Computer from University of Pune, Maharashtra, India in 2011. Besides Ms. Madhuri Sadashiv Nirmale educational background, she has several years' experience in this specialty occupation. 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. Copies of her transcripts and degree are enclosed.

Offer of Employment

Syntel currently intends to employ the beneficiary as Programmer Analyst in a specialty occupation for a period that is less than the statutory allowed three years with an initial compensation at the rate of \$63,215 per year. In addition, the beneficiary will also be eligible for the usual Syntel provided employee benefits. The petitioner has right to control beneficiary's work, will provide standard employee benefits, pay salary and thus will have valid employer-employee relationship.

Beneficiary's Address of Work at the Onsite Location:

The beneficiary is required to work at the following address while at the onsite location.

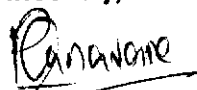
FedEx; 1900 Summit Tower Blvd, Orlando, FL 32810 USA.

The work site listed on the petition is the only known work site at this point in time. However, if for some unforeseen reason, beneficiary's services should no longer be required at the initial work site, Syntel has a need for Programmer Analyst with the beneficiary's qualifications at many other Syntel work sites where we currently have job openings.

Syntel affirms that we have complied with and will comply with the law governing this petition and labor condition application enclosed with the petition.

Please contact the undersigned if you have any questions or require additional information.

Sincerely,



Pravin Nanavare
Assistant Manager - Human Resources



Petition for a Nonimmigrant Worker

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2016

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"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted		

► **START HERE - Type or print in black ink.**

Part 1. Petitioner Information

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**.

1. Legal Name of Individual Petitioner

Family Name (last name)

NONE

Given Name (first name)

NONE

Middle Name

NONE

2. Company or Organization Name

SYNTEL CONSULTING INC

3. Mailing Address of Individual, Company or Organization

In Care Of Name

PRAVIN NANAVARE

Street Number and Name

525 EAST BIG BEAVER ROAD

Apt. Ste. Flr. Number

☐ ☒ ☐ 300

City or Town

TROY

State

MI

ZIP Code

48083

Province

Postal Code

Country

USA

4. Contact Information

Daytime Telephone Number

(2 4 8) 6 1 9 - 3 5 8 0

Mobile Telephone Number

() -

E-mail Address (if any)

ODCCoreTeam@Syntelinc.com

5. Other Information

Federal Employer Identification Number (FEIN)

► 320133900

Individual IRS Tax Number

►

U.S. Social Security Number (if any)

►

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

1. **Requested Nonimmigrant Classification** (Write classification symbol): H1-B
2. **Basis for Classification** (select only one box):
- ☒ a. New employment.
- ☐ 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."** NONE
4. **Requested Action** (select only one box):
- ☒ a. Notify the office in **Part 4** so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for 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.
- ☐ c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ 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 Trade Agreement Supplement 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.)
5. **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.) 01

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.)1. **If an Entertainment Group, Provide the Group Name**

NA

2. **Provide Name of Beneficiary**

Family Name (last name)

NIRMALE

Given Name (first name)

MADHURI

Middle Name

SADASHIV

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

Family Name (last name)

NONE

Given Name (first name)

NONE

Middle Name

NONE

4. **Other Information**

Date of birth

(mm/dd/yyyy)

04/23/1989

Gender

☐ Male☒ Female

U.S. Social Security Number (if any)

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) Country of Birth

► A-

INDIA

Province of Birth

TULJAPUR

Country of Citizenship or Nationality

INDIA

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

Date of Last Arrival (mm/dd/yyyy)

I-94 Arrival-Departure Record Number

Passport or Travel Document Number

Date Passport or Travel Document
Issued (mm/dd/yyyy)

Date Passport or Travel Document
Expires (mm/dd/yyyy)

Passport or Travel Document Country
of Issuance

Current Nonimmigrant Status

Date Status Expires or D/S

(mm/dd/yyyy) ►

Student and Exchange Visitor Information System (SEVIS)
Number (if any)

Employment Authorization Document (EAD)
Number (if any)

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

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

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): ☒ Consulate

☐ Pre-flight inspection

☐ Port of Entry

b. Office Address (City)

c. U.S. State or Foreign Country

MUMBAI

INDIA

d. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr. Number

UMANCHAL SAMBHAJI CHOWK

City or Town

State

AKURDI

MAHARASHTRA

Province

Postal Code

Country

PUNE

411035

INDIA

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 Web site 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 7 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 7 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 1 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

PROGRAMMER ANALYST

2. LCA or ETA Case Number

I-200-14321-380830

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

1900 SUMMIT TOWER BLVD

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

ORLANDO

State

FL

ZIP Code

32810

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: \$ per (Specify hour, week, month, or year) ►

10. Other Compensation (Explain)

NONE

11. Dates of intended employment From: (mm/dd/yyyy) ► To: (mm/dd/yyyy) ►

12. Type of Business

COMPUTER CONSULTING

13. Year Established

2004

14. Current Number of Employees in the United States

1800

15. Gross Annual Income

\$824

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. Signature and Contact Information of Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

I certify, under penalty of perjury, that this petition and the evidence submitted with it are true and correct to the best of my knowledge. Copies of documents submitted are exact photocopies of unaltered original documents, and I understand that, as a 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 benefit being sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that supporting evidence submitted may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

1. Name and Title of Authorized Signatory

Family Name (last name)

NANAVARE

Given Name (first name)

PRAVIN

Title

ASST MANAGER - HUMAN RESOURCES

2. Signature and Date

Signature of Authorized Signatory



Date of Signature

(mm/dd/yyyy) ▶ 04/01/2015

3. Signatory's Contact Information

Daytime Telephone Number

(2 4 8) 6 1 9 - 3 5 8 0

E-mail Address (if any)

ODCCORETEAM@SYNTELINE.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 Above

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (last name)

Given Name (first name)

2. Preparer's Business or Organization Name

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

3. Preparer's Mailing Address

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

4. Preparer's Contact Information

Daytime Telephone Number

() - -

Fax Number

() -

E-mail Address (if any)

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

Preparer's Declaration

By my signature, I certify, swear or affirm, under penalty of perjury, that I prepared this form on behalf of, at the request of, and with the express consent of, the petitioner. I completed the form based only on responses the petitioner provided to me. After completing the form, I reviewed it and all of the petitioner's responses with the petitioner, who agreed with every answer provided for every question on the form and, when required, supplied additional information to respond to a question on the form.

5. Signature and Date

Signature of Preparer

Date of Signature

(mm/dd/yyyy) ►

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

Part Number

Item Number

3. Page Number

Part Number

Item Number

4. Page Number

Part Number

Item Number

5. Signature and Date

Petitioner's Signature

Date of Signature

(mm/dd/yyyy) ►

04/01/2015



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 10/31/2016

1. Name of the Petitioner

SYNTEL CONSULTING INC

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

2.a. Name of the Beneficiary

MADHURI SADASHIV NIRMALE

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 6 years (beneficiaries requesting H-2A or H-2B classification need only list the last 3 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
NONE		

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.

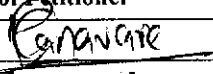
PLEASE SEE ATTACHED RESUME

Statement for H-1B Specialty Occupations and H-1B 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



Name of Petitioner

PRAVIN NANAVARE

Date (mm/dd/yyyy)

04/01/2015

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



Name of Authorized Official of Employer

PRAVIN NANAVARE

Date (mm/dd/yyyy)

04/01/2015

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

Name of DOD Project Manager

Date (mm/dd/yyyy)

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

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2016

1. Name of the Petitioner

SYNTEL CONSULTING INC

2. Name of the Beneficiary

MADHURI SADASHIV NIRMALE

Section 1. General Information

1. Employer Information - (check 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? ☒ Yes ☐ No
- 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? ☒ Yes ☐ No
- d.1. If yes, are more than 50 percent of those employees in H-1B or 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 (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 ENGINEERING IN COMPUTER

4. Rate of Pay Per Year

\$63,215

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 section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? ☐ 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 before October 1, 2015, an additional fee of **\$2,000** must be submitted if you responded yes to **Item Numbers 1.d. and 1.d.1. of Section 1** of this supplement. This **\$2,000** fee was mandated by the provisions of Public Law 111-230, as amended by Public Law 111-347.

The Fraud Prevention and Detection Fee and the Public Law 111-230 fee do not apply to H-1B1 petitions. **These fees, when applicable, may not be waived.** You must include payment of the fee(s) when you submit this form. Failure to submit the fee(s) when required will result in rejection or denial of your submission. *Each of these fee(s) should be paid by separate check(s) or money order(s).*

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
-
- b. Date Degree Awarded c. Type of United States Degree
- d. Address of the United States institution of higher education
- Street Number and Name Apt. Ste. Flr. Number
- City or Town State ZIP Code

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 section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).
 - ☐ c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(19)(iii)(C).
 - ☐ d. The petitioner will employ the beneficiary to perform job duties at a qualifying institution (see **Item Numbers 3.a. - 3.c.** above) that directly and predominately furthers the normal, primary, or essential purpose, mission, objectives, or function of the qualifying institution, namely higher education or nonprofit or government research.
 - ☐ 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) was previously granted status as an H-1B nonimmigrant in the past 6 years, (2) is applying from abroad to reclaim the remaining portion of the 6 years, or (3) 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. ☒ Yes ☐ No
- If no, do not complete **Item Numbers 2. and 3.**
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

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



**Electronic Filing of Labor Condition Applications
For The H-1B Nonimmigrant Visa Program**

This Department of Labor, Employment and Training Administration (ETA), electronic filing system enables an employer to file a Labor Condition Application (LCA) and obtain certification of the LCA. This Form must be submitted by the employer or by someone authorized to act on behalf of the employer.

A) I understand and agree that, upon my receipt of ETA's certification of the LCA by electronic response to my submission, I must take the following actions at the specified times and circumstances:

- print and sign a hardcopy of the electronically filed and certified LCA;
- maintain a signed hardcopy of this LCA in my public access files;
- submit a signed hardcopy of the LCA to the United States Citizenship and Immigration Services (USCIS) in support of the I-129, on the date of submission of the I-129;
- provide a signed hardcopy of this LCA to each H-1B nonimmigrant who is employed pursuant to the LCA.

☒ Yes ☐ No

B) I understand and agree that, by filing the LCA electronically, I attest that all of the statements in the LCA are true and accurate and that I am undertaking all the obligations that are set out in the LCA (Form ETA 9035E) and the accompanying instructions (Form ETA 9035CP).

☒ Yes ☐ No

C) I hereby choose one of the following options, with regard to the accompanying instructions:

☒ I choose to have the Form ETA 9035CP electronically attached to the certified LCA, and to be bound by the LCA obligations as explained in this form

☐ I choose not to have the Form ETA 9035CP electronically attached to the certified LCA, but I have read the instructions and I understand that I am bound by the LCA obligations as explained in this form

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



Please read and review the filing instructions carefully before completing the ETA Form 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.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. If the employer has received permission from the Administrator of the Office of Foreign Labor Certification to submit this form non-electronically, 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 * PROGRAMMER ANALYST

2. SOC (ONET/OES) code *

15-1121

3. SOC (ONET/OES) occupation title *

COMPUTER SYSTEMS ANALYSTS

4. Is this a full-time position? *

☒ Yes ☐ No

Period of Intended Employment

5. Begin Date * 04/01/2015
(mm/dd/yyyy)

6. End Date * 03/31/2018
(mm/dd/yyyy)

7. Worker positions needed/basis for the visa classification supported by this application

Total Worker Positions Being Requested for Certification *

Basis for the visa classification supported by this application
(indicate the total workers in each applicable category based on the total workers identified above)

a. New employment *

d. New concurrent employment *

b. Continuation of previously approved employment *
without change with the same employer

e. Change in employer *

c. Change in previously approved employment *

f. Amended petition *

C. Employer Information

1. Legal business name * SYNTEL CONSULTING INC.

2. Trade name/Doing Business As (DBA), if applicable N/A

3. Address 1 * 525 EAST BIG BEAVER ROAD

4. Address 2 SUITE 300

5. City * TROY

6. State * MI

7. Postal code * 48083

8. Country * UNITED STATES OF AMERICA

9. Province N/A

10. Telephone number * 2486193580

11. Extension N/A

12. Federal Employer Identification Number (FEIN from IRS) * 320133900

13. NAICS code (must be at least 4-digits) * 541511

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



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) *
PADIA	KALPESH	B
4. Contact's job title * GLOBAL HEAD - IMMIGRATION SERVICES		
5. Address 1 * 525 EAST BIG BEAVER ROAD		
6. Address 2 SUITE 300		
7. City * TROY	8. State * MI	9. Postal code * 48083
10. Country * UNITED STATES OF AMERICA		11. Province N/A
12. Telephone number *	13. Extension	14. E-Mail address
2486193580	N/A	ODCCORETEAM@SYNTELINE.COM

E. Attorney or Agent Information (If applicable)

1. Is the employer represented by an attorney or agent in the filing of this application? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes", complete the remainder of Section E below.		
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 § N/A		
6. Address 2 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 court where attorney is in good standing (only if attorney) §		
N/A		

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



F. Rate of Pay

1. Wage Rate (Required) From: \$ 63211.00 To: \$ N/A	2. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
--	---

G. Employment and Prevailing Wage Information

Important Note: It is important for the employer to define the place of intended employment with as much geographic specificity as possible. The place of employment address listed below must be a physical location and cannot be a P.O. Box. The employer may use this section to identify up to three (3) physical locations and corresponding prevailing wages covering each location where work will be performed and the electronic system will accept up to 3 physical locations and prevailing wage information. If the employer has received approval from the Department of Labor to submit 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.

a. Place of Employment 1

1. Address 1 * 1900 SUMMIT TOWER BLVD	
2. Address 2 N/A	
3. City * ORLANDO	4. County * ORANGE
5. State/District/Territory * FLORIDA	6. Postal code * 32810
Prevailing Wage Information (corresponding to the place of employment location listed above)	
7. Agency which issued prevailing wage \$ N/A	7a. Prevailing wage tracking number (if applicable) \$ N/A
8. Wage level * <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	
9. Prevailing wage * \$ 63211.00	10. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing wage source (Choose only one) * <input checked="" type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other	
11a. Year source published * 2014	11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source \$ OFLO ONLINE DATA CENTER

H. Employer Labor Condition Statements

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

- (1) **Wages:** Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as offered to U.S. workers.
- (2) **Working Conditions:** Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed.
- (3) **Strike, Lockout, or Work Stoppage:** There is no strike, lockout, or work stoppage in the named occupation at the place of employment.
- (4) **Notice:** Notice to union or to workers has been or will be provided in the named occupation at the place of employment. A copy of this form will be provided to each nonimmigrant worker employed pursuant to the application.

1. I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section H of the Labor Condition Application – General Instructions – Form ETA 9035CP *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



I. 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 I – Subsection 1 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1

1. Is the employer H-1B dependent? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" is marked in questions 1.1 and/or 1.2, you must answer "Yes" or "No" regarding whether the employer will use this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrants? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

If you marked "Yes" to questions 1.1 and/or 1.2 and "No" to question 1.3, you **MUST** read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP 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:** Non-displacement of the U.S. workers in the employer's workforce
- B. **Secondary Displacement:** Non-displacement of U.S. workers in another employer's workforce; and
- C. **Recruitment and Hiring:** Recruitment of U.S. workers and hiring of U.S. workers applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

4. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section I – Subsections 1 and 2 of the Labor Condition Application – General Instructions Form ETA 9035CP §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

J. Public Disclosure Information

Important Note: You **must** select from the options listed in this Section.

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

K. Declaration of Employer

By signing this form, I, on behalf of the employer, attest that the information and labor condition statements provided are true and accurate; that I have read sections H and I of the Labor Condition Application – General Instructions Form ETA 9035CP, and that I agree to comply with the Labor Condition Statements as set forth in the Labor Condition Application – General Instructions Form ETA 9035CP and with the Department of Labor regulations (20 CFR part 655, Subparts H and I). I agree to make this application, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act. Making fraudulent representations on this Form can lead to civil or criminal action under 18 U.S.C. 1001, 18 U.S.C. 1546, or other provisions of law.

1. Last (family) name of hiring or designated official *	2. First (given) name of hiring or designated official *	3. Middle initial *
PADIA	KALPESH	B
4. Hiring or designated official title *		
GLOBAL HEAD - IMMIGRATION SERVICES		
5. Signature *		6. Date signed *
		11/22/2014

Labor Condition Application for Nonimmigrant Workers
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L. 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		

M. 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 04/01/2015 to 03/31/2018

William L. Carlson
Department of Labor, Office of Foreign Labor Certification

11/22/2014

Determination Date (date signed)

I-200-14321-380830

CERTIFIED

Case number

Case Status

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

N. 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 the Department of Labor before it can be submitted to USCIS for further 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, Employment Standards Administration, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at <http://www.dol.gov/esa>. 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, Office of the Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW, Washington, DC, 20530. Please note that complaints should be filed with the Office of Special Counsel 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).

O. 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. Obligations to reply are mandatory (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 1 hour 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, Room C-4312, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**