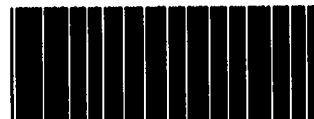


**I-797A | NOTICE OF ACTION**DEPARTMENT OF HOMELAND SECURITY  
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

548421



Receipt Number IOE8663535032		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 02/15/2023	Priority Date	Petitioner TATA CONSULTANCY SVCS LTD
Notice Date 06/27/2023	Page 1 of 2	Beneficiary MUTHUVIJAYAN, SATHYAVATHY
TATA CONSULTANCY SVCS LTD c/o SARPAND, HONIYEH FRAGOMEN DEL REY BERNSEN & LOEWY LLP 1101 15TH STREET NW STE. 700 WASHINGTON DC 20005		Notice Type: Approval Notice Class: H1B Valid from 05/26/2023 to 07/21/2025
<p>The above petition and accompanying request for an extension of stay have been approved. The status of the named beneficiary(ies) in this classification is valid as indicated on the I-94 attached below. The beneficiary(ies) can work for the petitioner pursuant to this approval notice, but only as detailed in the petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to file a new Form I-129, Petition for a Nonimmigrant Worker.</p> <p>The dates in the I-94 attached below might not be for the same dates as the petition validity dates above because the I-94 below may contain a grace period of up to 10 days before and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-1S, P-2, P-2S, P-3, P-3S, TN-1, and TN-2. An I-94 for H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. However, the beneficiary(ies) may not work during such grace periods, unless otherwise authorized by law. The decision to grant a grace period and the length of the granted grace period is discretionary, final, and cannot be contested on motion or appeal. Please contact the IRS with any questions about tax withholding.</p> <p>The petitioner should keep the upper portion of this notice. The lower portion should be given to the beneficiary(ies). The beneficiary(ies) should keep the right part (the I-94 portion) with his or her other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted a extension of stay who leaves the U.S. and is not visa-exempt must normally obtain a new visa before returning. The left part can be used when applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry based on this approval notice at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.</p> <p>The approval of this petition does not guarantee that the beneficiary(ies) will be found to be eligible for a visa, for admission to the United States (if traveling abroad and seeking re-admission), or for a subsequent extension of stay, change of status, or adjustment of status.</p> <p>Please see the additional information on the back. You will be notified separately about any other cases you filed.</p> <p>USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <a href="https://www.uscis.gov/file-online">https://www.uscis.gov/file-online</a>.</p> <p>Vermont Service Center U.S. CITIZENSHIP &amp; IMMIGRATION SVC 38 River Road Essex Junction VT 05479-0001</p> <p>USCIS Contact Center: <a href="https://www.uscis.gov/contactcenter">www.uscis.gov/contactcenter</a></p>		



PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# IOE8663535032

I-94# 375577566 56

NAME MUTHUVIJAYAN, SATHYAVATHY

CLASS H1B

VALID FROM 05/26/2023 UNTIL 07/21/2025

**PETITIONER**TATA CONSULTANCY SVCS LTD  
9201 CORPORATE BOULEVARD 320  
ROCKVILLE MD 20850

375577566 56

Receipt Number IOE8663535032

US Citizenship and Immigration Services

**I94 Departure Record**

Petitioner: TATA CONSULTANCY SVCS LTD

14. Family Name MUTHUVIJAYAN	
15. First (Given) Name SATHYAVATHY	16. Date of Birth 11/09/1989
17. Country of Citizenship India	



# I-797A | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number IOE8663535032		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 02/15/2023	Priority Date	Petitioner TATA CONSULTANCY SVCS LTD
Notice Date 06/27/2023	Page 2 of 2	Beneficiary MUTHUVIJAYAN, SATHYAVATHY

**THIS NOTICE IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.**

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO) at the Small Business Administration. The ONO assists small businesses with issues related to federal regulations. If you are a small business with a comment or complaint about regulatory enforcement, you may contact the ONO at [www.sba.gov/ombudsman](http://www.sba.gov/ombudsman) or phone 202-205-2417 or fax 202-481-5719.

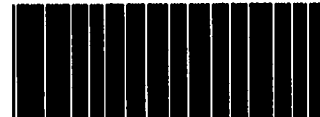
**NOTICE:** Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

Vermont Service Center  
U.S. CITIZENSHIP & IMMIGRATION SVC  
38 River Road  
Essex Junction VT 05479-0001

USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)



PLEASE TEAR OFF FORM I-94 PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

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Detach this flap for Personal Records

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Receipt Number  
I-94#

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NAME

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CLASS

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VALID FROM UNTIL

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PETERSON

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Receipt Number  
US Citizenship and Immigration Services

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I94 Departure Record  
Petitioner:

**INTENTIONALLY LEFT BLANK**  
14. Family Name

**INTENTIONALLY LEFT BLANK**  
15. First (Given) Name  
16. Date of Birth

**INTENTIONALLY LEFT BLANK**  
17. Country of Citizenship

# FRAGOMEN

ATTORNEYS AT LAW

**Fragomen, Del Rey, Bernsen & Loewy, LLP**  
1101 15th Street, N.W., Suite 700  
Washington, DC 20005  
USA

O +1 202 223 5515

F +1 202 371 2898

www.fragomen.com

VIA UPS

US Department of Homeland Security  
US Citizenship and Immigration Services

RE: **I-129 (H-1B) for a Nonimmigrant Worker**  
**Petitioner: Tata Consultancy Services Limited**

Dear Sir or Madam:

In connection with the above-referenced petition, enclosed please find the following:

Form I-129, Petition for a H-1B Nonimmigrant Worker:

1. \$460.00 filing fee;
2. \_\_\_\_\_ \$1,500.00 education and training fee (only if applicable);
3. \_\_\_\_\_ Premium Processing (only if applicable);
  - \$2,500.00 Premium Processing fee;
  - Form I-907 Request for Premium Processing;
4. Notice of Entry of Appearance as Attorney (Form G-28);
5. Form I-129, H Supplement, and H-1B Data Collection;
6. Labor Condition Application (Form ETA 9035), duly certified;
7. Petitioner's letter of support; and
8. Supporting documentation.
9. \_\_\_\_\_ I-539, Application for H-4 Status of Dependent(s) (only if applicable);
  - \$370.00 filing fee;
  - Form G-28;
  - Form I-539;
  - Form I-539A(s) (only if applicable);
  - Copy of Applicant's I-94 form and passport; and
  - Supporting documentation evidencing familial relationship.

Should you require further information and/or documentation, please do not hesitate to contact this office. Thank you for your kind attention and consideration of this matter.

Very truly yours,

FRAGOMEN, DEL REY, BERNSSEN & LOEWY, LLP

By: *Honiyeh Sarpand*

Priscilla Muhlenkamp | Kyle L. Klass | Nathalie Fassié | Dalina Callaghan | Joan S. Claxton  
Stephanie D. Weaver | Jennifer D. Branda | Elishwa E. Lazar | Keri A. Hamilton | Anastasia Carrasco  
Whitney B. Morgan | Ava J. Morgenstern | Kate S. Hur | Aman Khan | Lisa Parker  
Sabena Barry | Honiyeh Sarpand | Aslihan Routledge | Clayton Laing



Notice of Entry of Appearance  
as Attorney or Accredited Representative

Department of Homeland Security

DHS  
Form G-28  
OMB No. 1615-0105  
Expires 05/31/2021

**Part 1. Information About Attorney or Accredited Representative**

1. USCIS Online Account Number (if any)

►

**Name of Attorney or Accredited Representative**

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

**Address of Attorney or Accredited Representative**

3.a. Street Number and Name

3.b. ☐ Apt. ☒ Ste. ☐ Flr.

3.c. City or Town

3.d. State  3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Contact Information of Attorney or Accredited Representative**

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

**Part 2. Eligibility Information for Attorney or Accredited Representative**

Select all applicable items.

1.a. ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select only one box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with

the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

**1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)**

- I-129; I-907**

- 2.a.** ☐ U.S. Immigration and Customs Enforcement (ICE)

- 2.b. List the specific matter in which appearance is entered.**

- 3.a.** ☐ U.S. Customs and Border Protection (CBP)

- 3.b. List the specific matter in which appearance is entered.**

- 4. Receipt Number (if any)**

- 5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):**

- ☐ Applicant    ☒ Petitioner    ☐ Requestor  
☐ Beneficiary/Derivative    ☐ Respondent (ICE, CBP)

6.a. Family Name (Last Name) Jindal / Yarasinghu

- 6.b. Given Name (First Name) Amit / Venkata Srinath

- 6.c. Middle Name**

- 7.a. Name of Entity (if applicable)**

- Tata Consultancy Services Limited**

- 7.b. Title of Authorized Signatory for Entity (if applicable)**

- Head Immigration & HR Compliance North America** Immigration Manager

- 8. Client's USCIS Online Account Number (if any)**

- 9. Client's Alien Registration Number (A-Number) (if any)**

**10. Daytime Telephone Number**

301-231-9083

- 11. Mobile Telephone Number (if any)**

- 12. Email Address (if any)**

**tcs.receipts@fragomen.com**

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name** **9201 Corporate Boulevard**

- 13.b. ☐ Apt. ☒ Ste. ☐ Flr. **320**

- 13.c. City or Town **Rockville**

- 13.d. State **MD** 13.e. ZIP Code **20850**

- 13.f. Province**

- 13.g. Postal Code**

- ### 13.h. Country

USA

### ***Consent to Representation and Release of Information***

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

**Part 4. Client's Consent to Representation and Signature (continued)**

**Options Regarding Receipt of USCIS Notices and Documents**

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select all applicable items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select Item Number 1.c.

- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

**Signature of Client or Authorized Signatory for an Entity**

- 2.a. Signature of Client or Authorized Signatory for an Entity


➡ 

- 2.b. Date of Signature (mm/dd/yyyy)

**Part 5. Signature of Attorney or Accredited Representative**

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative



- 1.b. Date of Signature (mm/dd/yyyy)

02/13/2023

- 2.a. Signature of Law Student or Law Graduate

- 2.b. Date of Signature (mm/dd/yyyy)



### Part 6. Additional Information

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name 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.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

2.a Page Number  2.b Part Number  2.c Item Number

2.d. \_\_\_\_\_  
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# Petition for a Nonimmigrant Worker

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

USCIS  
Form I-129  
OMB No. 1615-0009  
Expires 11/30/2025

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)	Given Name (First Name)	Middle Name
N/A	N/A	N/A

### 2. Company or Organization Name

Tata Consultancy Services Limited
-----------------------------------

### 3. Mailing Address of Individual, Company or Organization

(USPS ZIP Code Lookup)

In Care Of Name			
Amit Jindal - Head Immigration & HR Compliance North America			
Street Number and Name	Apt. Ste. Flr.	Number	
9201 Corporate Boulevard	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	320	
City or Town	State	ZIP Code	
Rockville	MD	20850	
Province	Postal Code	Country	
N/A	N/A	USA	

### 4. Contact Information

Daytime Telephone Number	Mobile Telephone Number	Email Address (if any)
301-231-9083	N/A	amit1.jindal@tcs.com

### 5. Other Information

Federal Employer Identification Number (FEIN)	Individual IRS Tax Number	U.S. Social Security Number (if any)
► 98-0429-806	► N / A	► N / A





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

1. **Requested Nonimmigrant Classification** (Write classification symbol): **H-1B**
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."** ▶ **E A C 2 0 2 2 3 5 1 3 3 5**
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.) ▶ **One (1)**

**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**

**N/A**

2. **Provide Name of Beneficiary**

Family Name (Last Name)

Given Name (First Name)

Middle Name

**Muthuvijayan****Sathyavathy**

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

Family Name (Last Name)

Given Name (First Name)

Middle Name

**N/A****N/A****N/A**

4. **Other Information**

Date of birth (mm/dd/yyyy)

Gender

U.S. Social Security Number (if any)

**11/09/1989**☐ Male☒ Female▶ **0 4 4 4 1 9 1 8 8**

**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- **N / A**

**India**

Province of Birth

**N/A**

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)

**07/22/2018**

I-94 Arrival-Departure Record Number

► **3 7 5 5 7 7 5 6 6 5 6**

Passport or Travel Document Number

**V8745113**

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

**03/31/2021**

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

**03/30/2031**

Passport or Travel Document Country of Issuance

**India**

Current Nonimmigrant Status

**H-1B**

Date Status Expires or D/S (mm/dd/yyyy)

**05/25/2023**

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

**N/A**

Employment Authorization Document (EAD) Number (if any)

**N/A**

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

Street Number and Name

**14925 44th Avenue West**

Apt. Ste. Flr. Number

☒ ☐ ☐

**B6**

City or Town

**Lynnwood**

State

**WA**

ZIP Code

**98087**

**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)**

**Chennai**

**c. U.S. State or Foreign Country**

**India**

**d. Beneficiary's Foreign Address**

Street Number and Name

**508 Barathy Street**

Apt. Ste. Flr. Number

☐ ☐ ☐

**N/A**

City or Town

**Puducherry**

State

**Puducherry**

Province

**N/A**

Postal Code

**605001**

Country

**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 Website at [www.cbp.gov/i94](http://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.

N/A

#### 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                                   | 2. LCA or ETA Case Number                       |
| <input type="text" value="Analyst - Testing"/> | <input type="text" value="I-200-23033-747145"/> |



**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 Apt. Ste. Flr. Number  
☐ ☐ ☐  
**TCSL c/o Liberty Mutual Insurance Company, 1001 4th Avenue** **N/A**  
City or Town State ZIP Code  
**Seattle** **WA** **98154**
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? ▶ **N/A**
9. Wages: \$ **96,560** per (Specify hour, week, month, or year) ▶ **Year**
10. Other Compensation (Explain)  
**Standard Company Benefits**
- 
11. Dates of intended employment From: (mm/dd/yyyy) **05/26/2023** To: (mm/dd/yyyy) **07/21/2025 \*see addend\***
12. Type of Business 13. Year Established  
**Business Information Technology Consulting Firm** **1968**
14. Current Number of Employees in the United States 15. Gross Annual Income 16. Net Annual Income  
**30,835 (US)** **\$25.7 Billion** **\$5.155 Billion**



### 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)

Jindal / Yarasinghu

Given Name (First Name)

Amit / Venkata Srinath

Title

Head Immigration & HR Compliance North America / Immigration Manager

#### 2. Signature and Date

Signature of Authorized Signatory

Date of Signature (mm/dd/yyyy)



Handwritten signature

2/17/23

#### 3. Signatory's Contact Information

Daytime Telephone Number

301-231-9083

Email Address (if any)

amit1.jindal@tcs.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)

Sarpand

Given Name (First Name)

Honiyeh

**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).)

Fragomen, Del Rey, Bernsen & Loewy, LLP

**3. Preparer's Mailing Address**

Street Number and Name

1101 15th Street NW

Apt. Ste. Flr. Number

☐ ☒ ☐ 700

City or Town

Washington

State

DC

ZIP Code

20005

Province

N/A

Postal Code

N/A

Country

USA

**4. Preparer's Contact Information**

Daytime Telephone Number

202-223-5515

Fax Number

202-403-3343

Email Address (if any)

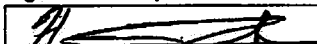
tcs.receipts@fragomen.com

**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



Date of Signature (mm/dd/yyyy)

02/13/2023



## 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- **N / A**

2. **Page Number**

4

**Part Number**

4

**Item Number**

9

TCSL has previously filed the following petitions on behalf of the Beneficiary:

**Petition Type: H-1B**

**File Numbers: EAC-20-223-51335 and WAC-17-139-51987.**

3. **Page Number**

5

**Part Number**

5

**Item Number**

4

Itinerary not required:

During the entirety of the period requested in this petition, we intend for the Beneficiary to work at the sole worksite identified in this petition.

As such, regulations at 8 CFR Sec. 214.2(h)(2)(i)(B) do not apply.

4. **Page Number**

**Part Number**

**Item Number**



**I-129**  
**Petition for a Nonimmigrant Worker**

<b>Full Name:</b>	Sathyavathy Muthuvijayan	A	N	/	A				
-------------------	--------------------------	---	---	---	---	--	--	--	--

**Addendum:**

Page 5, Part 5, Question 11

The Beneficiary qualifies for an exemption from the 6-year limitation of stay in H-1B Status pursuant to Section 106(a) of the American Competitiveness in the Twenty-First Century Act (the "Act"). They are the Beneficiary of a currently-valid PERM Labor Certification filed 365 or more days prior to the date the post-6 year period of admission will take effect. 8 CFR 214.2(h)(13)(iii)(D). We therefore respectfully request that USCIS extend the Beneficiary's H-1B Status beyond the six-year limitation as required by Section 106(a) of the Act. Please see the attached excerpt of the Beneficiary's PERM Labor Certification.





## 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 11/30/2025

1. Name of the Petitioner

Tata Consultancy Services Limited

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

2.a. Name of the Beneficiary

Sathyavathy Muthuvijayan

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
Sathyavathy Muthuvijayan; H-1B	07/22/2018	Present
**Please refer to attached recapture chart**		

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. If you selected a. or d. in Item Number 4., and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption), provide the beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable).

N/A

6. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ Yes ☒ No



7. 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

8.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

☐ Yes. If yes, please explain in Item Number 8.b. ☒ No

8.b. Explanation

N/A

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

1. Describe the proposed duties.

Please see attached letter of support.

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

Please see attached letter of support.

### 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

Name of Petitioner

Date (mm/dd/yyyy)



Amit Jindal / Venkata Srinath Yarasinghu

2/14/25

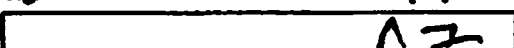
### Statement for H-1B Specialty Occupations and U.S. Department of Defense (DOD) Projects

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

Date (mm/dd/yyyy)



Amit Jindal / Venkata Srinath Yarasinghu

2/14/25

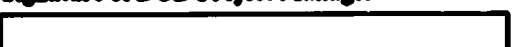
### Statement for H-1B U.S. Department of Defense Projects Only

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)



N/A

Attachment to Form I-129  
Recapture Worksheet  
8 CFR Section 214.2 (h)(13)(iii)(A)

**Petitioner:** Tata Consultancy Services Limited  
**Foreign National:** Muthuvijayan, Sathyavathy

Departure from U.S.	Entry to U.S.	# of days outside U.S.	Evidence enclosed
N/A	22-Jul-2018	N/A	
Total # of days spent outside U.S.		0	

**First entry to U.S. in H/L status:** 22-Jul-2018

**Max. time in H/L status based on initial H/L entry:** 21-Jul-2024

**Number of days to recapture:** 0  
(total # of days spent outside U.S.):

**New max. period of H/L stay with recaptured days:** 21-Jul-2024

**PERM FILED:** 15-Dec-2022  
**I-140 APPROVED:**



## 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 11/30/2025

1. Name of the Petitioner

Tata Consultancy Services Limited

2. Name of the Beneficiary

Sathyavathy Muthuvijayan

### 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? ☒ Yes ☐ No
- 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

Information Technology

4. Rate of Pay Per Year

\$96,560

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

N/A

- b. Date Degree Awarded

N/A

- c. Type of United States Degree

N/A

- d. Address of the United States institution of higher education

Street Number and Name

N/A

Apt. Ste. Flr. Number

☐ ☐ ☐ N/A

City or Town

N/A

State

N/A

ZIP Code

N/A



### 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. ☒ 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  
Form ETA-9035 & 9035E  
U.S. Department of Labor



Please read and review the filing instructions carefully before completing the Form ETA- 9035 or 9035E. A copy of the instructions can be found at <https://www.dol.gov/agencies/eta/foreign-labor/>. 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 * ANALYST – TESTING		
2. SOC (ONET/OES) code * 15-1253.00	3. SOC (ONET/OES) occupation title * Software Quality Assurance Analysts and Testers	
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment	
	5. Begin Date * 5/26/2023 (mm/dd/yyyy)	6. End Date * 7/21/2025 (mm/dd/yyyy)
7. Worker positions needed/basis for the visa classification supported by this application		
1 Total Worker Positions Being Requested for Certification *		
Basis for the visa classification supported by this application (indicate total workers in each applicable category)		
0 a. New employment *	0 d. New concurrent employment *	
0 b. Continuation of previously approved employment without change with the same employer*	0 e. Change in employer *	
1 c. Change in previously approved employment *	0 f. Amended petition *	

**C. Employer Information**

1. Legal business name * TATA CONSULTANCY SERVICES LIMITED		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1 * 9201 CORPORATE BOULEVARD		
4. Address 2 SUITE 320		
5. City * ROCKVILLE	6. State * Maryland	7. Postal code * 20850
8. Country * United States Of America		9. Province
10. Telephone number * +1 (301) 231-9083		11. Extension
12. Federal Employer Identification Number (FEIN from IRS) * 98-0429806		13. NAICS code (must be at least 4-digits) * 541511

Labor Condition Application for Nonimmigrant Workers  
Form ETA-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)
JINDAL	AMIT	N/A
4. Contact's job title *		
HEAD IMMIGRATION & HR COMPLIANCE NORTH AMERICA		
5. Address 1 *		
9201 CORPORATE BOULEVARD		
6. Address 2		
SUITE 320		
7. City *	8. State *	9. Postal code *
ROCKVILLE	Maryland	20850
10. Country *		11. Province
United States Of America		
12. Telephone number *	13. Extension	14. E-Mail address
+1 (301) 231-9083		AMIT1.JINDAL@TCS.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
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)
MUHLENKAMP	PRISCILLA	H.
5. Address 1 §		
1101 15TH STREET NW		
6. Address 2		
SUITE 700		
7. City §	8. State §	9. Postal code §
WASHINGTON	District Of Columbia	20005
10. Country §		11. Province
United States Of America		
12. Telephone number §	13. Extension	14. E-Mail address
+1 (202) 223-5515		TCSLCA@FRAGOMEN.COM
15. Law firm/Business name §		16. Law firm/Business FEIN §
FRAGOMEN, DEL REY, BERNSEN & LOEWY LLP		13-2726464
17. State Bar number (only if attorney) §		18. State of highest court where attorney is in good standing (only if attorney) §
975906		District Of Columbia
19. Name of the highest State court where attorney is in good standing (only if attorney) §		
DISTRICT OF COLUMBIA COURT OF APPEALS		



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



**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. § LIBERTY MUTUAL INSURANCE COMPANY		
4. Address 1 * 1001 4TH AVENUE		
5. Address 2		
6. City * SEATTLE		7. County * King
8. State/District/Territory * Washington		9. Postal code * 98154
10. Wage Rate Paid to Nonimmigrant Workers * From* \$ 83928 . 00 To: \$ 116100 . 00		10a. 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 Rate * \$ 83928 . 00		11a. 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
<b>Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one):*</b>		
12. <input type="checkbox"/>	A Prevailing Wage Determination (PWD) issued by the Department of Labor	a. PWD tracking number §
13. <input checked="" type="checkbox"/>	A PW obtained independently from the Occupational Employment Statistics (OES) Program	
	a. Wage Level (check one): § <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	b. Source Year § 7/1/2022 - 6/30/2023
14. <input type="checkbox"/>	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	b. Source Year §
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §	
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §	

Labor Condition Application for Nonimmigrant Workers  
Form ETA-9035 & 9035E  
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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 655.731;
- (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. I have read and agree to 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. \*

☒ Yes ☐ 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? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. At the time of filing this LCA, is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B nonimmigrant workers? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
<b>H-1B Dependent or Willful Violator Employers -Master's Degree or Higher Exemptions ONLY</b>	
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 <u>ONLY</u> on attainment of a Master's Degree or higher in related specialty. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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. §

☐ Yes ☐ No

**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: \*

- ☒ Employer's principal place of business  
☐ Place of employment

**J. Notice of Obligations**

- A. Upon receipt of the certified LCA, the employer must take the following actions:
- o Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(c)(3));
  - o 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 655.760); and
  - o 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 655.760).
- 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, 1621).*

1. Last (family) name of hiring or designated official *	2. First (given) name of hiring or designated official *	3. Middle initial §
JINDAL / YARASINGHU	AMIT / VENKATA SRINATH	
4. Hiring or designated official title *		
HEAD IMMIGRATION & HR COMPLIANCE NA / IMMIGRATION MGR		
5. Signature *		6. Date signed *
[Signature]		2/14/23

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

**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 5/26/2023 to 7/21/2025.

  
Department of Labor, Office of Foreign Labor Certification

2/9/2023  
Certification Date (date signed)

I-200-23033-747145  
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](http://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, # IER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at [www.justice.gov](http://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).

For public burden statement information, please see Form ETA-9035CP General Instructions.



July 20, 2022

US Department of Homeland Security  
US Citizenship and Immigration Services  
Regional Service Center

RE: **I-129 H-1B Petition for Nonimmigrant Worker**

Dear Sir or Madam:

This letter is submitted in support of the attached H-1B petition of Tata Consultancy Services Limited ("TCSL") on behalf of the beneficiary referred to in the attached Form I-129. TCSL wishes to employ the Beneficiary in the specialty occupation and professional position of **Analyst-Testing** (Software Quality Assurance Analysts & Testers, OES/SOC Code 15-1253). A copy of the approved Labor Condition Application for the Beneficiary's position is annexed herein. TCSL agrees to comply with all the terms and conditions of the LCA.

**Business of Petitioner**

Tata Consultancy Services Limited ("TCSL"), the Petitioner, is a United States branch office of Tata Consultancy Services Limited, headquartered in Mumbai, India. TCSL is a global information technology services, consulting, and business solutions provider that has been partnering with the world's largest businesses in their transformation journeys for over 50 years. TCSL offers a consulting-led, cognitive-powered, integrated portfolio of information technology, business, and engineering services and solutions through our unique, location-independent AgileTM delivery model, a benchmark of excellence in software development. As part of the Tata group, India's largest multinational business group, TCSL employs over 488,000 of the world's best-trained consultants in 46 countries and generated consolidated revenues of US \$25.7 billion for the fiscal year ending March 31, 2022.

TCSL began working with U.S. companies in 1971, and we opened our first U.S. office in 1979. TCSL's catalog of US-based customers includes some of the world's leading brands and spans all 50 states, the District of Columbia, and Puerto Rico. **The U.S. market is critical to our business, and we continue to expand our investments in U.S. communities to meet our customers' needs and contribute to the strength of the American economy**, including through the creation and promotion of flagship STEM education programs. TCSL continues to expedite its localization efforts and in doing so, has hired more than 20,000 Americans in the past five years alone. TCSL offers well-paid careers and provides highly skilled Americans with the opportunity to work with Fortune 500 companies on their biggest IT innovations, challenges, and transformation journeys.

**TATA CONSULTANCY SERVICES**

Tata Consultancy Services Limited  
9201 Corporate Boulevard Suite 320 Rockville, MD 20850  
Tel 301 231 9083 Fax 301 231 4892 [www.tcs.com](http://www.tcs.com)

### **The Employer-Employee Relationship**

TCSL meets the definition provided for at 8 CFR 214.2(h)(4)(ii)(2) in that we have an employer-employee relationship with the Beneficiary. TCSL is the Beneficiary's sole and actual employer. TCSL will maintain our employer-employee relationship with the Beneficiary in the United States for the entire duration of the Beneficiary's H-1B employment. TCSL will possess and retain the sole and complete authority to hire and fire the Beneficiary and to pay the Beneficiary's remuneration. TCSL will have the right to control the Beneficiary and the Beneficiary will have a TCSL manager. TCSL will provide the Beneficiary with standard benefits in the United States, including health insurance. TCSL will claim the Beneficiary for tax purposes and will retain the right to control the Beneficiary's employment throughout the assignment.

Attached is documentation showing the employer-employee relationship between TCSL and the Beneficiary. This includes documentation discussing TCSL's semi-annual performance appraisal process. Under TCSL's current employment policy each TCSL supervisor is to conduct individual performance appraisals for their subordinate employees on a semi-annual basis. These appraisals are conducted using TCSL's online SPEED system.

### **Professional Position Offered**

In this professional position, the Beneficiary will perform the following job duties:

- Test applications;
- Develop and execute software test plans in order to identify software problems and their causes;
- Develop testing programs that address areas such as database impacts, software scenarios, regression testing, negative testing, error or bug retests, or usability;
- Document software defects using a bug tracking system and report defects to software developers; and
- Plan test schedules or strategies in accordance with project scope or delivery dates.

### **Position Offered is a Specialty Occupation**

The position of Analyst-Testing is a professional position within a specialty occupation. The position is a complex, client-facing position at TCSL that requires the application of technologies and principles that can only be gained through the attainment of **at least a Bachelor's degree or its equivalent in Computer Science, Computer Engineering, Information Systems, or a directly related specialty Information Technology field**, as well as experience in application testing.

Specifically, the Analyst-Testing position demands a high-functioning individual who is a subject matter expert with respect to the various aspects of complex software defect identification and analysis and test program design and who is able to provide expert services to clients on day one of a project assignment. The individual must possess the expertise required to build sophisticated client/industry-specific solutions based on client/industry-specific needs. TCSL clients utilize our services because we are able to provide a depth of expertise that is unavailable to them within their own organizations. To remain competitive, we must provide not only uniquely skilled IT services, but also the expert judgment needed to successfully develop custom client solutions. As a consulting service provider, we have only the expertise of our corps of professionals to offer, and in order to produce the level of quality necessary to remain an industry leader, TCSL must maintain high qualification standards in selecting our employees.

In our hiring experience, we have found that individuals who have attained a baccalaureate-level education in Computer Science, Computer Engineering, Information Systems, or a directly related specialty Information Technology field are particularly well suited for the Analyst-Testing position. The program of study in these areas emphasizes engineering mathematics, including logic, algebra, calculus, and algorithmic problem solving; mathematical modeling and numerical analysis; requirements gathering and analysis; and the analysis and design of systems involving sophisticated computer applications and software. Expertise in these areas is extremely valuable for developing complex application testing plans to identify, analyze, and document software defects. These programs of study also provide excellent preparation for identifying system weaknesses and optimization opportunities, as well as communicating solutions to clients.

The foregoing is confirmed by the Department of Labor's Online Wage Library and Data Center, which notes that most Software Quality Assurance Analyst and Tester (O\*NET Code: 15-1253) positions require at least a Bachelor's degree. This conclusion is further supported by the Occupational Information Network ("O\*NET") online position summary for Software Quality Assurance Analysts and Testers. **The O\*NET position summary is attached herein.** Attainment of such a degree in a relevant discipline ensures experience with the theoretical and practical application of a body of highly specialized knowledge. More specifically, a person who has obtained the minimum of a Bachelor's degree or equivalent in a quantitative field has obtained the quality of rigorous scholarship required to successfully perform the duties of Analyst-Testing. Our business operations are so complex that the position with its prescribed duties could not be adequately performed by a candidate lacking the core foundation of knowledge attained through completion of a Bachelor's-level program, at minimum, in Computer Science, Computer Engineering, Information Systems, or a directly related specialty Information Technology field. This minimum academic requirement is a business necessity for TCSL, and is normal within the IT Consulting industry.

#### **The Beneficiary and Professional Qualifications**

The Beneficiary meets our requirements for this professional position. The Beneficiary is a distinguished technology professional whose university degree credentials include the completion of rigorous academic coursework rich in quantitative and technical analysis at both the theoretical and practical levels. In addition, this academic background has been supplemented by TCSL's in-house training program and extensive and substantive employment experience that has and will continue to enable the Beneficiary to analyze and resolve highly complex real-world problems faced by TCSL and its clients.

As shown by the attached academic documents and credentials evaluation, the Beneficiary has earned at least a Bachelor's degree or its equivalent in Computer Science, Computer Engineering, Information Systems, or a directly related specialty Information Technology field from an accredited university in the United States. Neither a license nor official permission is required to practice the occupation in the state of intended employment.

#### **Duration of Stay Requested**

Although TCSL has identified a particular project for the Beneficiary, the Beneficiary's specialty occupation employment in the United States is not contingent on any one project segment. TCSL has a sizeable book of business represented by many hundreds of complex IT projects ongoing in the United States. Our client engagements are long-term; many of them have been ongoing for decades. We respectfully request that you approve our petition for the duration that we have requested as we intend to employ the Beneficiary in the specialty occupation of Analyst-Testing for this period of time. In the event we deem it necessary to change the Beneficiary's project assignment or position, we will comply with immigration regulations governing changes to employment.

The Beneficiary will be informed that, if this petition is approved, the Beneficiary's stay will be temporary, and the Beneficiary will be required to depart the United States at the conclusion of his or her authorized period of stay in the United States.

#### **Conclusion**

Based on the foregoing, we submit that the Beneficiary is eligible for H-1B classification and we, therefore, seek your favorable decision on our petition for the requested period. Thank you for your consideration.

Sincerely,



Amit Jindal  
Head Immigration & HR Compliance North America  
Tata Consultancy Services Limited

Venkata Srinath Yarasinghu  
Immigration Manager  
Tata Consultancy Services Limited



**ICETS**

INTERNATIONAL CREDENTIALS EVALUATION AND TRANSLATION SERVICES  
48 WALL STREET, 11<sup>TH</sup> FLOOR, NEW YORK, NY 10005  
TEL: 212.695.7508 FAX: 917.591.3342 WWW.ICETS.COM

## FOREIGN ACADEMIC CREDENTIALS EQUIVALENCY EVALUATION

THE FOLLOWING DIPLOMA(S) HAS/HAVE BEEN EVALUATED BY  
INTERNATIONAL CREDENTIALS EVALUATION AND TRANSLATION  
SERVICES ON BEHALF OF THE CANDIDATE NAMED BELOW:

**CANDIDATE:** MUTHUVIJAYAN, Sathyavathy

**CREDENTIAL(S) EVALUATED:**

- (1) Bachelor of Technology Degree (Information Technology)  
AWARDED BY: Pondicherry University, India, 2011

UNITED STATES DEGREE EQUIVALENT:

### **BACHELOR OF SCIENCE DEGREE** **IN INFORMATION TECHNOLOGY**

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This foreign credentials assessment is non-binding, advisory in nature, and complies with the U.S. Department of Justice, Immigration and Naturalization Service ["INS"] 8CFR 214.2(h)(4)(3)(d) et seq. We assume no liability for damages resulting in the use of this foreign credentials assessment. Copies of documents furnished by representatives of Mr. Muthuvijayan attest that Mr. Muthuvijayan completed a Bachelor of Technology Degree awarded by Pondicherry University, India (2011). To the best of our knowledge said documents are copies of actual documents issued by the aforementioned institution(s). A detailed analysis of the submitted credentials, consistent with the AACRAO EDGE Electronic Database for Global Education and the AACRAO documents listed under references is also provided.



### ANALYSIS OF FOREIGN EDUCATION CREDENTIALS

Mr. Muthuvijayan was awarded a Bachelor of Technology Degree from Pondicherry University in 2011. Mr. Muthuvijayan satisfactorily completed the academic requirements of students in the Bachelor of Technology Degree program of Pondicherry University. Students in the Bachelor of Technology Degree program of Pondicherry University must complete a core curriculum at the University. The core curriculum includes classes in Mathematics, and the Sciences. The academic criterion maintained by Pondicherry University in the core curriculum of the Bachelor of Technology Degree program significantly parallel those parameters upheld by accredited colleges and universities of precedence in the United States. Calculations based on course duration and composition indicate that Mr. Muthuvijayan satisfied similar requirements to the completion of academic coursework in a core curriculum of a Bachelor of Science Degree program at an accredited institution of tertiary education in the United States.

Mr. Muthuvijayan majored in Information Technology in the Bachelor of Technology Degree Program of Pondicherry University. He completed sufficient specialized coursework in the Bachelor of Technology program, including coursework in Information Technology, and related coursework. The academic criterion maintained by Pondicherry University in the major of Information Technology of the Bachelor of Technology Degree program significantly parallel those parameters upheld by accredited colleges and universities of precedence in the United States. Calculations based on course duration and composition indicate that Mr. Muthuvijayan satisfied similar requirements to the completion of specialized academic coursework in Information Technology in a Bachelor of Science Degree program at an accredited institution of tertiary education in the United States.

Pondicherry University is a regionally accredited institution of tertiary education in India. Pondicherry University is a competitive institution, and prospective candidates must present satisfactory standardized test scores upon the completion of high school level studies. Upon completion of the necessary course work requisite of the core curriculum and the major area of concentration, as well as passage of the required examinations, Mr. Muthuvijayan was awarded a Bachelor of Technology Degree in Information Technology from Pondicherry University.



The academic criterion maintained by Pondicherry University significantly parallel those parameters upheld by accredited colleges and universities of precedence in the United States. Based on AACRAO EDGE-Electronic Database for Global Education placement recommendations, completion of the Bachelor of Technology program indicate that Mr. Muthuvijayan satisfied similar requirements to the completion of a Bachelor of Science Degree in Information Technology from an accredited institution of tertiary education in the United States.

CORPORATE SEAL

January, 2022

William Edelson, Ph.D.: Bachelor of Electrical Engineering, City College of New York; M.S. in Mathematics, New York University; Doctor of Philosophy, Polytechnic Institute of New York. Foreign Credentials Evaluator. Professor and Quondam Chair, Department of Computer Science, Long Island University, Brooklyn, New York. For detailed statement of qualifications and experience, see attached resume.

REFERENCES:

- 1) *Trends in Degrees Conferred by Institutions of Higher Education : 1984 - 1985 through 1990 - 1991*. Washington, D.C. : U.S. Department of Education, the National Center for Education Statistics. U.S. Government Printing Office, 1993.
- 2) *International Academic Credentials Handbook, Volume III*. Washington, D.C. : AACRAO/NAFSA, 1988.
- 3) Taylor, Ann[ed.]. *International Handbook of Universities and Other Institutions of Higher Education, 12<sup>th</sup> Edition*. New York : Stockton Press, 1991.
- 4) *Foreign Educational Credentials Required for Consideration of Admission to Universities and Colleges in the United States, 4<sup>th</sup> Edition*. Washington, D.C : AACRAO, 1994.
- 5) Sweeney, Leo J. and Valerie Woolston. *The Admission and Placement of Students from Bangladesh, India, Pakistan and Sri Lanka*. Washington, D.C. : AACRAO, 1986.
- 6) Sweeney, Leo J. and Kallur, Ravi. *India: A Special Report on the Higher Education System and Guide to the Academic Placement of Students in the United States*, Washington, D.C.: AACRAO, 1998.
- 7) AACRAO EDGE Electronic Database for Global Education (<http://edge.aacrao.org/>)