

Applicant/Petitioner A #	Application/Petition PETITION FOR A NONIMMIGRANT WORKER (Form I129)
Notice Date June 07, 2012	Response due by September 2, 2012



UNITED HEALTHCARE SERVICES INC
SARAH R KILIBARDA
FAEGRE BAKER DANIELS LLP
2200 WELLS FARGO CTR 90 S 7TH ST
MINNEAPOLIS MN 55402-3901



EAC1207850928

Applicant/Petitioner UNITED HEALTHCARE SERVICES INC
Beneficiary MISHRA, VIVEK
Receipt Number EAC1207850928(I129)

IMPORTANT: THIS NOTICE CONTAINS YOUR UNIQUE NUMBER AND MUST BE SUBMITTED IN THE ORIGINAL WITH THE REQUESTED EVIDENCE.

1. U.S. Citizenship and Immigration Services (USCIS) requires additional evidence to process your form. Please provide the evidence listed on the attached page(s).
2. Your response must be received in this office on or before **September 2, 2012**. Please note the required deadline for providing a response to this Request for Evidence. The deadline reflects the maximum period for responding to this RFE. However, since many immigration benefits are time sensitive, you are encouraged to respond to this request as early as possible but no later than the date provided on the request. You will not be granted an extension of time to submit the requested evidence.
3. You must submit all requested evidence at the same time. If you submit only some of the requested evidence, USCIS will consider it a request for a decision on the record [8 CFR 103.2(b)(11)].
4. You will be notified separately about any other applications or petitions you have filed.
5. From the date this office receives your submission, it will take a minimum of 14 days to process your form. If you have not heard from USCIS within 60 days, you may contact the USCIS National Customer Service Center (NCSC) at 1-800-375-5283. If you are hearing impaired, please call the NCSC TDD at 1-800-767-1833.
6. Mail this notice and your response to:

U.S. CITIZENSHIP AND IMMIGRATION SERVICES
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
ST. ALBANS, VT 05479-0001

FOR OFFICE USE ONLY

S

EAC1207850928(I129)

The Petitioner

Documentation submitted with your petition indicates that your company provides healthcare management.

Specialized Knowledge

You have not demonstrated that the beneficiary has knowledge of your company or the industry as a whole that can be considered "specialized." Most individuals working in the marketplace are considered specialists and have received a certain amount of training from which they have acquired special knowledge. It cannot be concluded, however, that all workers who hold special knowledge or who perform highly technical duties will qualify as a "specialized knowledge" nonimmigrant.

Please provide additional evidence relating to the applications development consultant position that you are offering to the beneficiary:

1. Provide a detailed description of the actions and duties the beneficiary will perform on a daily basis. A simple statement will not suffice.
2. Provide a list of proposed duties that require specialized knowledge.
3. Explain why each duty requires a worker with specialized knowledge.
4. Identify which processes, procedures, tools, and/or methods the beneficiary will use for each duty and identify whether the process, procedure, tool, and/or method is proprietary to the petitioner, a client, or a third party.
5. Identify how long it takes to train an employee to use the specific tools, procedures and/or methods utilized. Specify how many workers possess this knowledge and are similarly employed by your organization.
6. Explain exactly how the beneficiary's training differs from the core training provided to your other employees.

Please submit a record from your human resources department detailing how the beneficiary has gained his or her specialized knowledge. Documentation should indicate the pertinent training courses that the beneficiary has taken while working for your company, as well as:

- the duration of the courses,
- the number of hours spent taking the courses each day,
- the completion dates, and
- certificates of completion for these courses.

FOR OFFICE USE ONLY

S

Sarah R. Kilibarda
+1 612 766 6929
sarah.kilibarda@FaegreBD.com

Faegre Baker Daniels LLP
2200 Wells Fargo Center ▾ 90 South Seventh Street
Minneapolis ▾ Minnesota 55402-3901
Phone +1 612 766 7000
Fax +1 612 766 1600

August 29, 2012

VIA UPS NEXT-DAY AIR

U.S. Citizenship and Immigration Services
Vermont Service Center
ATTN: I-129 / L-1B- RFE
75 Lower Welden Street
St. Albans, VT 05479-0001

RESPONSE TO RFE

Re: Response to Request for Evidence
Case Type: L-1B
Petitioner: United HealthCare Services, Inc.
Beneficiary: Vivek Mishra
Receipt No.: EAC-12-078-50928

Dear Sir or Madam:

This firm represents the Petitioner referenced above with respect to its Petition for Nonimmigrant Worker (L-1B/Form I-129) on behalf of Mr. Vivek Mishra.

LEGAL STANDARD – PREPONDERANCE OF THE EVIDENCE

In this administrative immigration proceeding, whether at the initial filing stage or in response to a request for evidence, the petitioner must prove by a preponderance of the evidence that it is eligible for the benefit sought. *See, Matter of Chawathe*, 25 I&N Dec. 369, 375 (AAO 2010). “The ‘preponderance of the evidence’ standard requires that the evidence demonstrate that the applicant’s claim is ‘probably true,’ where the determination of truth is made base on the factual circumstances of each individual case.” *Id.* at 376. “Even if the director has some doubt as to the truth, if the petitioner submits relevant, probative and credible evidence that leads the director to believe that the claim is ‘more likely than not’ or ‘probably’ true, the applicant or petitioner has satisfied the standard of proof.” *Id.* at 375, *citing*, *INS v. Cardoza-Fonseca*, 480 U.S. 421, 431 (1987) (discussing “more likely than not” as a greater than 50% chance of an occurrence taking place). In this case, United HealthCare Services, Inc. has proven its case under the applicable standard of proof, both through its initial submission and now, through its response to this request for evidence.

The following documentation and evidence are enclosed for your review and consideration:

1. The USCIS's original Request for Evidence (RFE).
2. A letter from Keith Freechack, Director of Global Mobility providing additional information regarding Mr. Mishra's specialized knowledge, including the following exhibits:
 - A. An award winning white paper by Mr. Mishra and a copy of the award.
 - B. An article evidencing the shortage of IT workers in the healthcare industry.
 - C. Copies of awards granted to Mr. Mishra.
 - D. A letter outlining his training and specialized knowledge.

We believe that this information fully responds to the issues raised in the RFE. We respectfully request that the USCIS approve the Petitioner's L-1B petition. If you have further questions, please do not hesitate to contact me.

Sincerely,



Sarah R. Kilibarda

SRK:wasyk

cc: Mr. Samier Mahto (w/encs.)
Mr. Keith D. Freechack (w/encs.)
Mr. Sanjeev Sharma (w/encs.)
Ms. Kim Anderson (w/encs.)

UNITEDHEALTH GROUP®

United HealthCare Services, Inc.
MN008-W160
9900 Bren Road East
Minnetonka, MN 55343

August 28, 2012

U.S. Citizenship and Immigration Services
Vermont Service Center

Re: Response to Request for Evidence

Petitioner: United HealthCare Services, Inc.
Beneficiary: Vivek Mishra
Case Type: Petition for Nonimmigrant Worker (I-129)/L-1B
Receipt #: EAC-12-078-50928

Dear Sir or Madam:

This letter is written in response to the Request for Evidence (RFE) that was issued by your office on June 7, 2012, regarding the Petition for Nonimmigrant Worker filed by United HealthCare Services, Inc. ("United HealthCare Services" or "the Company") on behalf of Vivek Mishra. In the RFE, your office requests additional evidence to demonstrate that Mr. Mishra holds specialized knowledge. This letter, the attached documents, as well as the information and documentation previously provided, demonstrate that Mr. Mishra satisfies all of the requirements to be granted L-1B status.

Since joining the United HealthCare Services in June 2007¹, Mr. Mishra has played a lead role in the development, design, implementation and testing of critical components of our proprietary Application Enablement tool. This tool creates, maintains and enhances standard integration paths and allows for services to be made available to other UHG applications across the Company using a simple and consistent interface. It also provides technical and integration expertise to insulate applications from system complexities and assist with problem determination. The Application Enablement team provides and maintains the infrastructure necessary to connect nearly 90 different applications. The system handles up to 12 million requests per day. The Application Enablement tool serves as the backbone for many of our applications – making it a business critical tool across our worldwide operations.

Mr. Mishra is a leader for the Application Enablement team and is relied on to provide expert level guidance and training to other employees. Mr. Mishra serves in a critical role as the team's Associate Lead, and due to his leadership, creative, out-of-box design ideas, and healthcare design expertise; we have been able to enhance core parts of the Application Enablement tool. **Mr. Mishra's contributions will save the Company millions of dollars.**

¹ UHG India was officially established in 2006, making Mr. Mishra one of the most experienced members of the UHG India team.

Mr. Mishra is the only senior technical resource that possesses both functional and technical knowledge of the system. In this capacity, he has gained unique historical and comprehensive knowledge of the Application Enablement tool.

DEVELOPMENT AND SUPPORT OF THE APPLICATION ENABLEMENT PROJECT

Mr. Mishra has been employed by UnitedHealth Group Information Services Private Limited, India ("UHG India") since June 2007. Throughout his tenure with the company, Mr. Mishra has gained extensive, specialized knowledge with respect to the company's proprietary Application Enablement system. Application Enablement is a service oriented architecture (SOA) based application which provides reusable business services, frameworks and tools that enable integration between applications across multiple platforms in a consistent manner. It creates, maintains and enhances standard integration paths and allows for services to be made available to other UHG applications across the Company using a simple and consistent interface. It also provides technical and integration expertise to insulate applications from system complexities and assist with problem determination. The Application Enablement team provides and maintains the infrastructure necessary to connect nearly 90 different applications. The system handles up to 12 million requests per day. The work of this team is critical to our success as the Application Enablement project serves as the backbone for many other UHG projects and applications.

Mr. Mishra plays a critical role in the complete lifecycle of the Application Enablement system and its underlying technical architecture. He is responsible for supporting architectural design, resolution of production issues, and the development of tools which help to optimize the production environment. **Mr. Mishra developed several tools for use within the proprietary Application Enablement system. These include AeMqVisualizer, AE-logger, and Error Reporting Group.** Mr. Mishra played a critical role in the development of each of these proprietary tools and wrote a white paper for the AeMqVisualizer tool which was presented at the company's Software Testing Conference in 2011. This paper was awarded "Best White Paper" at the conference. Please see **Exhibit A** for a copy of the AeMqVisualizer paper written by Mr. Mishra and a copy of the award. **Mr. Mishra was also responsible for the design and development of testing tools – designed specifically for the UHG Application Enablement team. These tools resulted in significant time and cost savings for the Company.**

It is widely recognized that there is a shortage of IT workers in the healthcare industry. Due to data privacy issues, IT skills in the healthcare industry are far more complex than in other fields, and we cannot expect a new employee to understand the advanced architecture of the Application Enablement system. Mr. Mishra's knowledge of the specific issues within the healthcare industry is far and above the knowledge found generally in the industry. Please see **Exhibit B** for an article documenting the shortage of IT workers in the healthcare field.

As our Company grows, the Application Enablement system has to expand to meet the greater demands of our business. As enhancements are developed specifically for the Application Enablement system, we require someone with extensive knowledge of our system to implement

enhancements and to analyze the current system to determine if additional enhancements are required. Mr. Mishra is the only UHG employee (in India, the U.S. or elsewhere) who has the level of expertise needed to implement these enhancements to the Application Enablement tool.

MR. MISHRA'S ACQUISITION OF SPECIALIZED KNOWLEDGE OF THE COMPANY'S APPLICATION ENABLEMENT TOOL

Mr. Mishra is the only Associate Lead that has developed critical components of system. Mr. Mishra has been recognized as a key senior technical resource within the Application Enablement team that has contributed great technical designs to the Application Enablement tool. Mr. Mishra obtained his specialized knowledge of the Application Enablement tool by means of his implementation of major United HealthCare Services' projects and assignments, company specific training, and education.

Mr. Mishra has worked on this application since 2007 – several years longer than any other employee. During this time, he has gained extensive knowledge on the several modules of this application. He has unique knowledge of the design of the Application Enablement tool. This tool is an integrated middleware project which communicates with almost all UHG consumer and provider applications. Mr. Mishra is responsible for architectural design, resolution of production issues and development of tools which to optimize the production environment. Mr. Mishra has an excellent understanding of our Production Environment which hosts these applications in subsequent releases. Having a stable production environment is critical for this project. The AeMqVisualizer, AE-Logger, and Error Reporting developed by Mr. Mishra have helped ensure the production environment stable and secure. In recognition of his significant work in this area, Mr. Mishra received the prestigious "Stellar United" award and has been recognized twice with the "Spot Award". Copies of these awards are attached at **Exhibit C**.

Mr. Mishra he has coordinated with the development team for more than 20 development releases and supported the application flawlessly. Mr. Mishra was responsible for developing the AeMqVisualizer tool and is now preparing to implement the tool in a production environment. As a senior resource on the team, he has worked on every aspect of the application and is always recognized by the team as an expert. Projects developed by Mr. Mishra have saved the company millions of dollars.

Although much of Mr. Mishra's expertise was gained through hands-on work with the Application Enablement system, he did attend some trainings that further enhanced his knowledge. Please see **Exhibit D** for a letter confirming these trainings. In this letter, Mr. Mishra's manager describes him as being unique among his peers due to his "expertise in analyzing, designing and building applications in the areas of middle tier."

As noted above, the Application Enablement tool was created by UHG, specifically for use within the Company. Due to the complexity of these healthcare systems, we require a senior level employee to develop and design Application Enablement enhancements. As these new enhancements are rolled out, we require someone with extensive knowledge of our application to coordinate the development, implementation and testing of the new releases. **Any down time**

with the Application Enablement tool will severely impact the business. We require an employee that has thorough knowledge of this tool and the healthcare framework as a whole. Mr. Mishra has this experience.

MR. MISHRA'S DUTIES AS COMPARED TO OTHERS ON THE OPTUM RX TEAM

Mr. Mishra is the only Associate Lead assigned to his current business unit and possesses significantly more experience with the Application Enablement system than any other UHG India employee:

Name	Total experience	Experience with Application Enablement	Certifications & Awards
Vivek Mishra	7 years	5 years	P-AHM 250, RSA Level 1 and 2, Stellar United Award, Spot Awards
Tripti Shulka	6 years	3 years	RSA Levels 1 and 2
Megha Rani	6 years	3 years	RSA Levels 1 and 2
Bala Bairpaka	2.5 years	6 months	None
Sumit Wahi	2.5 years	2.5 years	RSA Levels 1 and 2

Mr. Mishra's experience is unique within the Company. Because this is a proprietary application, this knowledge is not known within the industry.

MR. MISHRA'S ADVANCED AND SPECIALIZED KNOWLEDGE IS NOW NEEDED IN THE U.S.

Mr. Mishra will serve in the specialized knowledge position of Applications Development Consultant at our facility in Greenville, South Carolina where he will provide expert knowledge and technical support to the upgrade and implementation initiatives now required for the Application Enablement tool. Mr. Mishra will maintain many of the same duties and responsibilities he currently maintains in his position with UHG India, including design and development, testing, and deployment of systems' upgrades and implementation. His specific duties were outlined in the initial support letter included with this petition. While in the U.S., Mr. Mishra will be responsible for the following projects and will utilize his specialized knowledge as follows:

- **Application Enablement/WebSphere Message Broker integration:** Mr. Mishra was responsible for development of an application toolkit that includes log browsing and a mainframe test tool. He has also developed many of our Websphere Message Broker (WMB) processes and is in the process of developing additional enhancements to the system. Mr. Mishra developed a mapping module to map mainframe buffers to corresponding copybook layouts for his AeMqVisualizer tool. He will work with the U.S.

based team to integrate this functionality into the log browsing application. These tools are all proprietary to UHG.

- **AeMqVisualizer Tool implementation:** The AeMqVisualizer tool was completely developed by Mr. Mishra and is scheduled to be implemented in a production environment – his presence in the U.S. is critical to the successful implementation of this tool. Prior to implementation, Mr. Mishra must first conduct meetings with business users and other stakeholders who will be impacted by the changes to the system. He will also be required to ensure all privacy/security concerns are addressed. After the implementation, he will be responsible for providing training to U.S. based employees. If implemented successfully, this tool has the potential to save significant time and money.
- **SB Gateway Replacement:** One UHG business unit is currently using a third party middleware tool to accomplish their business requirements. Mr. Mishra has developed a technical approach to replace this 3rd party system with the Application Enablement tool. This will result in millions of dollars in saving. Mr. Mishra's expertise is needed into the U.S. to ensure this migration is completed successfully. He is the only employee with the required experience. He will also provide training to U.S. employees on the Application Enablement system.
- **WMB7 Migration and Implementation:** Mr. Mishra will continue to manage and direct the migration and implementation of new processes into the WMB7 system. He leads a team of 6 resources in this effort. The team looks to Mr. Mishra for leadership and direction.

Mr. Mishra understands the difficult nature of Application Enablement projects. He was responsible for the development of several tools to improve the system. No other team member performs at the same level as Mr. Mishra. Other employees lack the skills to be able to design and implement projects involving the Application Enablement tool.

IMPACT ON COMPANY

Mr. Mishra's prospective role in the U.S. is critical to the success of a significant technological initiative for the Company. The Application Enablement tool is used by business groups across the Company and provides and maintains the infrastructure necessary to connect nearly 90 different applications. The system handles up to 12 million requests per day. The work of this team is critical to our success as the Application Enablement project serves as the backbone for many other UHG projects and applications. Mr. Mishra's knowledge of both the UHG India and U.S. environments will be instrumental to the success of this project. He possesses extensive technical experience and advanced level of knowledge with the proprietary Application Enablement, which cannot be easily transferred or taught to another individual. If he is not able to enter the U.S. to provide these important services, the ability of the Company to meet business goals and major software enhancement timelines will be jeopardized.

It would take a significant period of time for someone to obtain the advanced level of knowledge and expertise that Mr. Mishra possesses with regard to the Application Enablement application. This training would give an employee only the basic knowledge. Mr. Mishra has built up his

expertise of the Application Enablement application by working on its development since 2007.² It is of importance to note that the L-1B statute and regulations do not require that the foreign national beneficiary have more than one year of qualifying experience to evidence their specialized knowledge. Rather, "[o]ne year is a reasonable amount of time to require an employee to have attained specialized knowledge of the Company's products services or processes to qualify for an L-1B visa."³ His expertise cannot be transferred without investing substantial effort, time, and money. If Mr. Mishra were to train another employee, this would leave Mr. Mishra and the employee unproductive for the whole training duration. In addition, the project demands someone with an expert level knowledge the Application Enablement tool, and someone fresh out of training cannot be expected to have expert level knowledge.

CONCLUSION

The enclosed materials demonstrate that United HealthCare Services has addressed and satisfied all of the issues raised in the Request for Evidence, and that Mr. Mishra is qualified for L-1B status. With the additional evidence and background information we have provided, we anticipate that your office will be able to complete processing and approve the petition filed by United HealthCare Services on behalf of Mr. Mishra. Thank you for your prompt attention to this matter. If you have any additional questions, please contact our attorney.

Sincerely,



Keith D. Freechack
Director, Global Mobility

fb.us.9051681.01

² The USCIS Request for Evidence (RFE) dated June 7, 2012, states that the Company has provided sufficient evidence to satisfy that the beneficiary has been employed abroad by the qualifying organization for at least one continuous year within the three years preceding the time of his admission into the United States.

³ See Senator Saxby Chambliss's Statements on Introduced Bills and Joint Resolutions, September 17, 2003 at <http://www.gpo.gov/fdsys/pkg/CREC-2003-09-17/html/CREC-2003-09-17-pt1-PgS11649.htm>.

EXHIBIT A

Certificate of Appreciation

This is to certify that

White Paper - 'New Solution to M8 Operations'
by Vick Mishra
has been recongnized as Best White Paper

in "Test Next Symposium 2011", A Software Testing
Conference at UHGIS, held on 12th Sep 2011

Authorized Signature



TestNext
Symposium

Ajay Kumar
Ajay K Chhokra
IT Director



UnitedHealth Group

New solution to MQ Operations

Software Testing Conference (STC) 2011

Category: Techniques and Tools

Author Name: Vivek Mishra (vivek_mishra@uhc.com)

Co-Author Name: Gursharan Singh (gursharan_singh@uhc.com),
Chintan Trivedi (Chintan_trivedi@uhc.com),
Shagufta Khan (shagufta_khan@uhc.com).

Organization Details: UnitedHealth Group, 1st Floor, Tower- C, Unitech Cyber Park,
Sector- 39, Gurgaon, Haryana.

TABLE OF CONTENTS

ABSTRACT	3
CURRENT SITUATION	3
The role of MQ series in IT Organizations	3
Issues faced during testing involving MQ series	3
REQUIREMENTS FOR A GOOD SOLUTION	5
Eliminate Installation Headaches	5
Keep it as simple as possible	5
Highly Customizable	5
Log Changes	5
OUR SOLUTION	5
Introduction	5
User Authentication	6
Queue Operations	6
1. Write Operation:	<u>6</u>
2. Browse Functionality:	9
File Aide on Windows	14
Conversion Utilities	17

ABSTRACT

Every smooth-running software system plays a critical role in success of just about all industries. This software system must ensure that all data items are moved in and out of the various divisions of a business on time and unaltered. Any disruption of organizational data can have serious business impacts. Considering the large amount of data items that must be moved in many organizations, keeping a software system up running smoothly presents quite a challenge.

One of such software system is IBM WebSphere MQ which is very critical for large business applications. The responsibility for managing this critical MQ environment falls solely on the shoulders of WebSphere MQ administrators. These certified and skilled technicians must maintain the smooth-running and well-being of the MQ environment. This complexity of MQ environment increases the dependency on MQ experts to maintain large business applications.

Other members of the any software organization — application developers, software testers, software quality assurance personnel, and software application support technicians — need to communicate with the critical MQ environment to perform their daily jobs. But the lack of MQ expertise makes their job difficult and causes risk to critical MQ environment.

This paper presents a solution to the above issues. It discusses how **AeMqVisualizer tool** for WebSphere MQ, developed in UHGIS, empowers the other IT members of the organization to “do it quickly” when accessing MQ objects — without causing the MQ environment to risk (and lot of other useful functionalities like File Aide on windows, XML formatting, various conversion features, etc). The resulting benefits of this utility are significant. By eliminating a large source of delay in software application development, this utility speeds up time to market new applications. This paper helps in analyzing the benefits of this utility over other MQ utilities currently available in market.

CURRENT SITUATION

The role of MQ series in IT Organizations

There are over 10,000 critical business organizations using MQ series and only 9,000 certified developers that cater a daunting challenge for smooth flow of information. This dependency between MQ experts and other IT staff member impacts on project delivery, delaying time to market new applications and more troubleshooting. These applications are of different technology built on disparate platforms.

Issues faced during testing involving MQ series

In various IT organizations we use various web based or desktop based tools for accessing MQ Series objects. These tools are good for particular functionality but are deficit on fundamental features.

We will first see various advantages and disadvantages of currently available MQ tools.

Good Features of web based tools:

1. Web based MQ tools do not requires any installation for using it.
2. Access is controlled through on these tools and every individual has separate profile created on server which controls the MQ view of that user. User has only those objects in his/her home page on which they have access.
3. These tools are good for light weight testing that provides good overview of Objects. Particular messages can be copied to file or moved or copied to another queue.

Drawbacks of web based tools:

1. Performance of most of the web based tools is slow.
2. Browsing functionality has several limitations. To find a message in queue containing particular keyword, user needs to manually browse through all messages one by one i.e. there is not any filtering functionality.
3. Only some limited messages can be viewed at a time. If a queue has large number of messages then browsing this way is irritating and error prone.
4. Only limited amount of messages can be copied to file at a time or moved to another queue.
5. There is no functionality to support Synchronous or asynchronous testing, i.e. if a user want to test a request-response scenario, he/she will have to put manually to queue and then manually browse the reply to queue which is error prone as response time can not be observed this way.
6. There is no functionality to support load testing i.e. more than one message can not be put to queue using these tools at one go.
7. Formatting the queue data is very tedious task. For formatting queue data in XML format user has to waste lot of time and need to provide estimated buffer size which is mostly guess work.
8. If message in queue has Mainframe record, it can not be mapped to copybook. For mapping that record to copybook, message need to be copied to file and that file need to be uploaded to mainframe.

Good Features of Desktop based tools:

1. Messages can be written to queues very efficiently. All MQMD parameters can be configured in request message.
2. Messages can be easily converted to various character formats like EBCDIC, ASCII, etc.
3. Messages can be easily formatted in XML structure.
4. Messages can be mapped to COBOL copybooks. Messages can be converted to HEX as well.
5. Load testing can also be performed using these tools.

Drawbacks of Desktop based tools:

1. It uses MQ client connection. It takes a lot time to launch, i.e. initially it takes few minutes to create connection from MQ which makes these tools slow in performance.
2. No access control is present in desktop based tools.
3. Messages can only be sequentially browsed, there is no functionality to search a message based on some key words.
4. In load testing MQMD can not be configured.
5. Once a message is loaded, it's not editable.
6. Queue managers can not be changed dynamically.
7. Synchronous testing can not be performed.

REQUIREMENTS FOR A GOOD SOLUTION

Eliminate Installation Headaches

The solution should not require any installation of client software to each user desktop. It should permit users to work from their desktops just by double clicking on an icon. Solution should be easily upgraded by replacing the old files with new files without the headaches of requiring access for new software installation. Also, solution will work consistently on all platforms.

Keep it as simple as possible

Software developers, test engineers and software application support technicians do not necessarily have the knowledge and MQ expertise required to interact with MQ objects using traditional tools. Consequently, a good solution should provide a simpler, more user friendly interface to users.

Highly Customizable

Solution should be highly customizable which can be modified easily as per user requirements. The utility should be easily modified to cater to various customer needs. Based upon specific user requirements, new functionalities can be added at any point of time.

Log Changes

Change is a mandatory thing in software organizations and it is very important that changes are tracked and recorded. Knowing what changes at what time have been performed, provides very useful information in troubleshooting various software application problems.

Therefore it's important that the solution should log all changes made at what time and make that information available to the user. This solution writes all the changes done by user while using this tool.

OUR SOLUTION

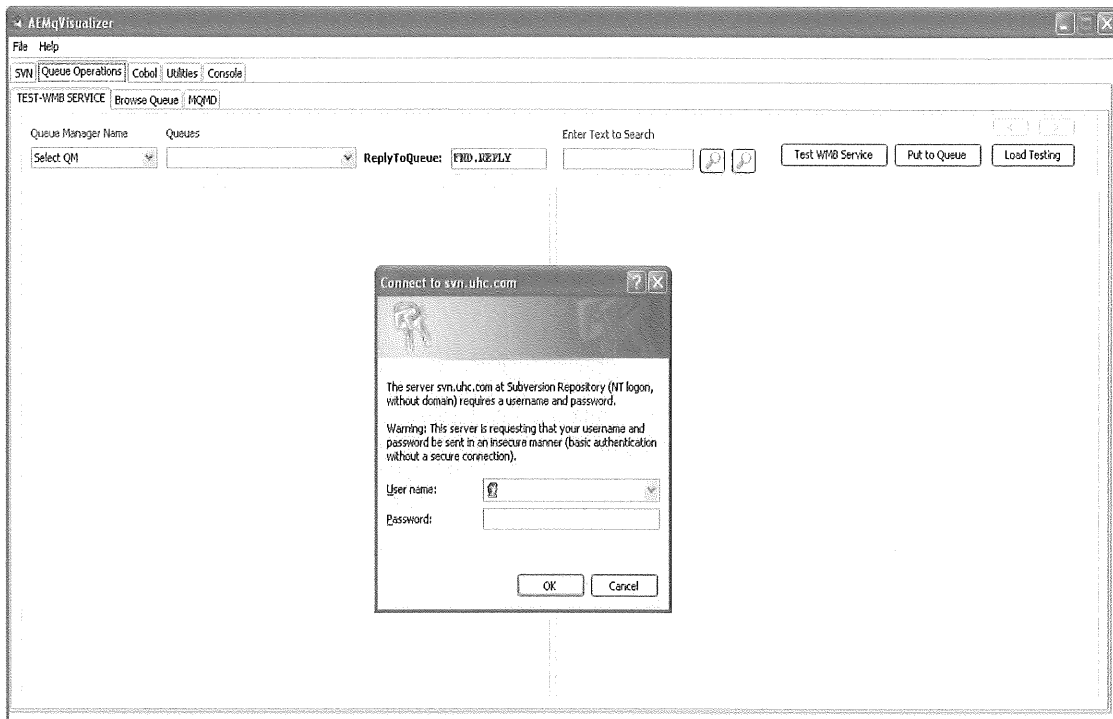
Introduction

AeMqVisualizer is a Java Swing based utility which has most of the functionalities from testing point of view a tester or developer may need for his/her testing. AeMqVisualizer has some unique functionality. AeMqVisualizer is much faster than as it uses a client connection and provides much better browsing experience than Web tools as it caches all the fetched information locally.

It is executable jar file so nothing needs to be installed. It uses a configuration file in XML format, so behavior and capabilities of Tool can easily be controlled through this file. Tool primarily focuses on providing MQ operations and all those functionalities which are needed or are helpful while browsing the queues.

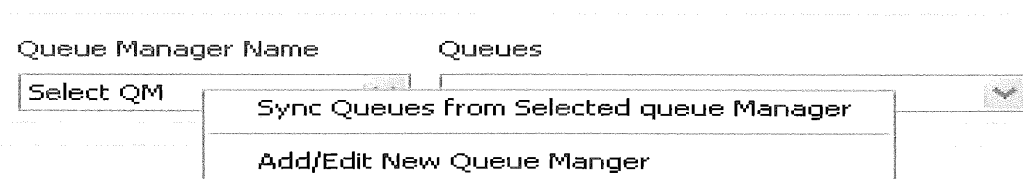
Key features/functionality of AeMqVisualizer:

User Authentication



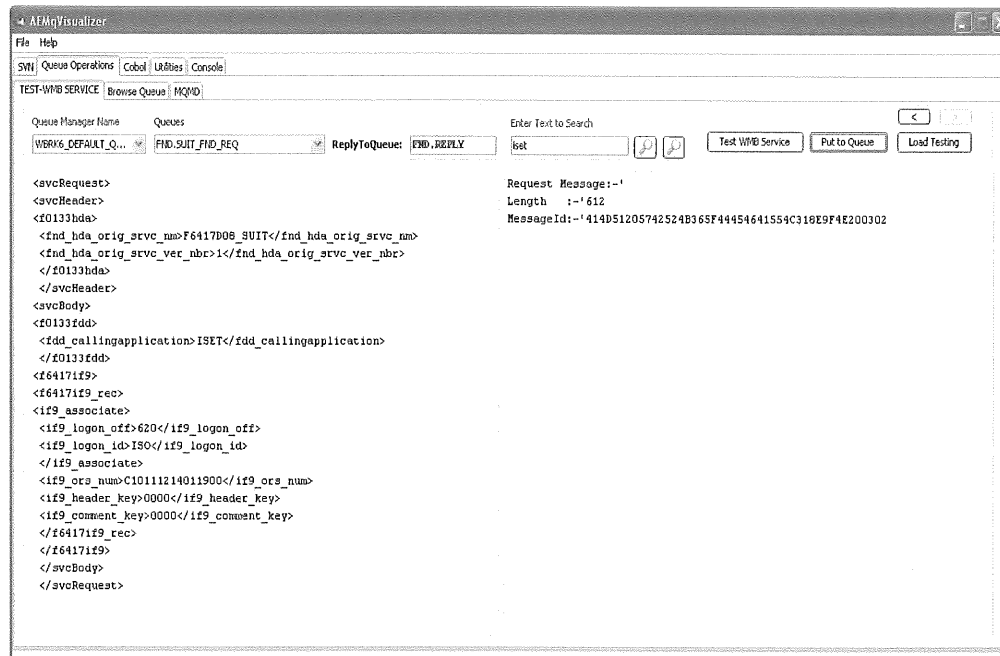
Queue Operations

A separate tab has been provided for Queue operations. Mostly in MQ series based testing we either write to queue or read from queue. For write operations there is a "TEST SERVICE" tab under queue operations and for browsing operations there is a "Browse Queue" tab. While coding the application main attention has been given to the performance and ease of operations. Required queue managers can be preconfigured in configuration files or else they can be added at run time.

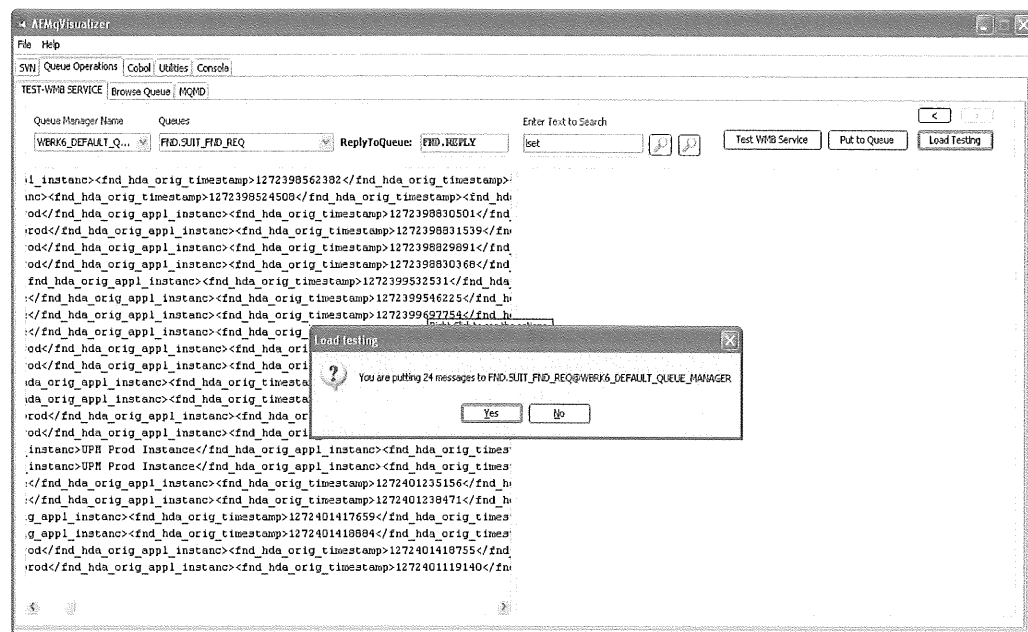


1. Write Operation: Test data can be loaded through a file or can be written or modified in request box. Queue managers and queue can be selected from the drop down box. Data can be written to queue using following three options:

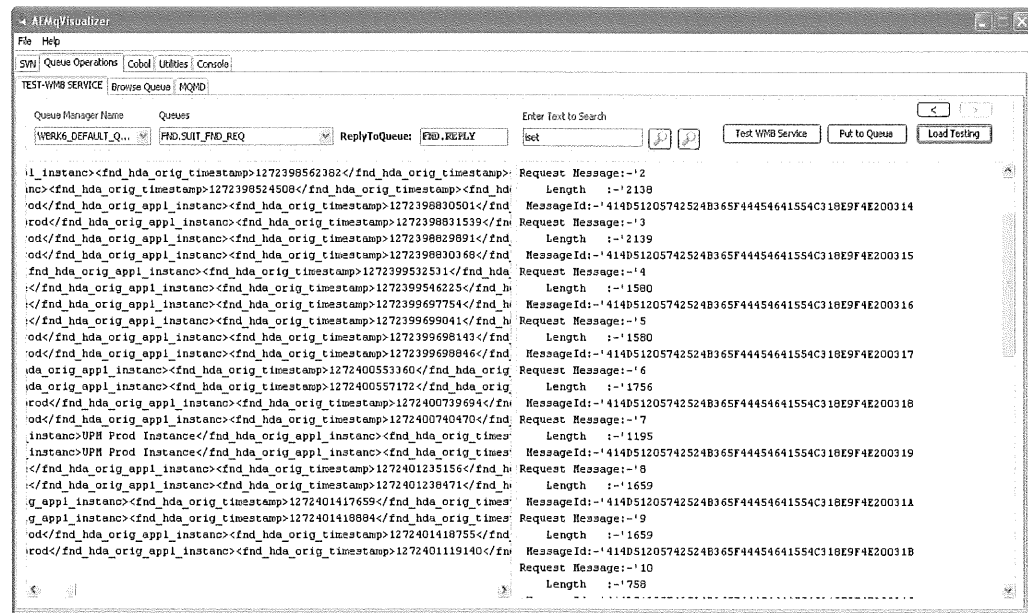
Asynchronous Testing: With this option tool writes the test data in request box to selected queue on selected queue manager. Tool does not wait for response in this option. Reply to queue and other MQMD parameters can also be configured while using this option. Successful put of message is acknowledged by the message Id of request message in response box.



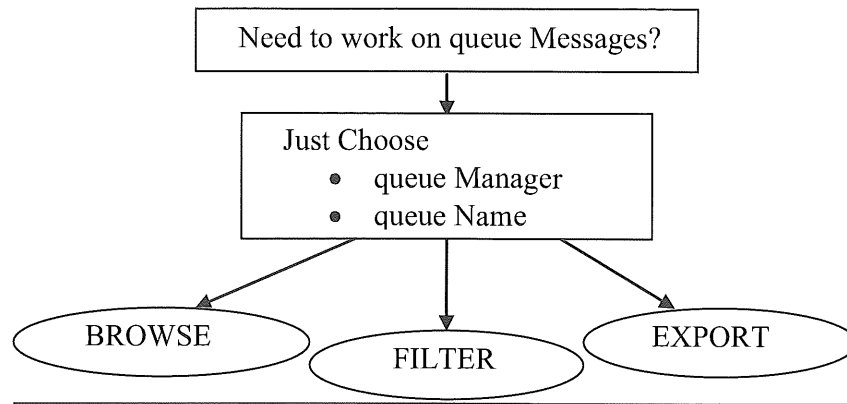
Load Testing: With this option load testing can be performed. A file containing multiple test cases can be loaded to tool. Tool will break this data in different test cases bases on some delimiter. This delimiter can be configured at run time. Even MQMD can also be configured for this bunch of test cases. Even for doing performance testing a single test case can be written multiple times.



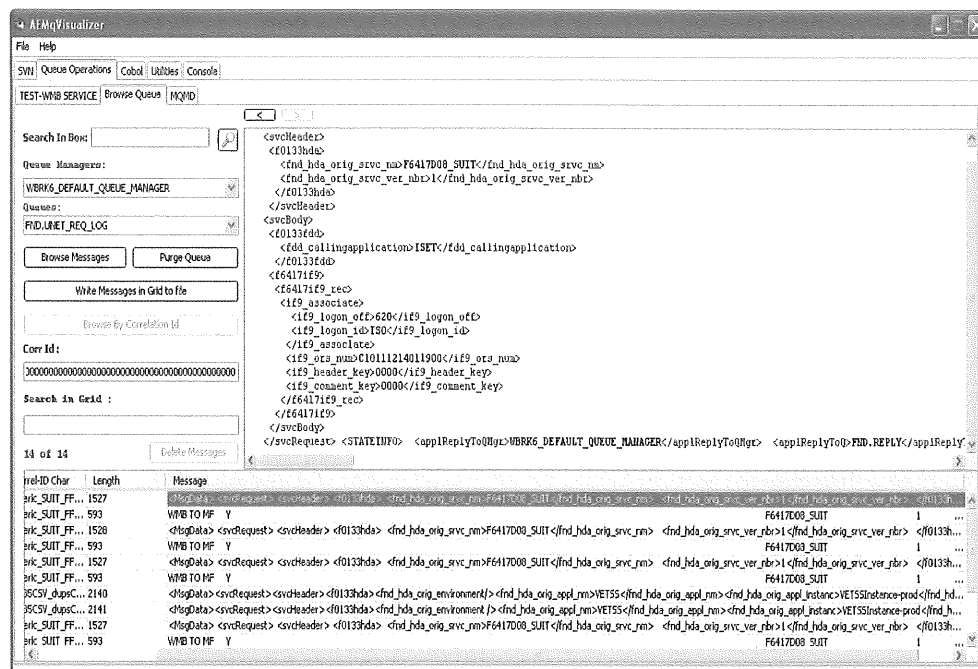
Successful load testing is acknowledged by the entire message Ids in response:



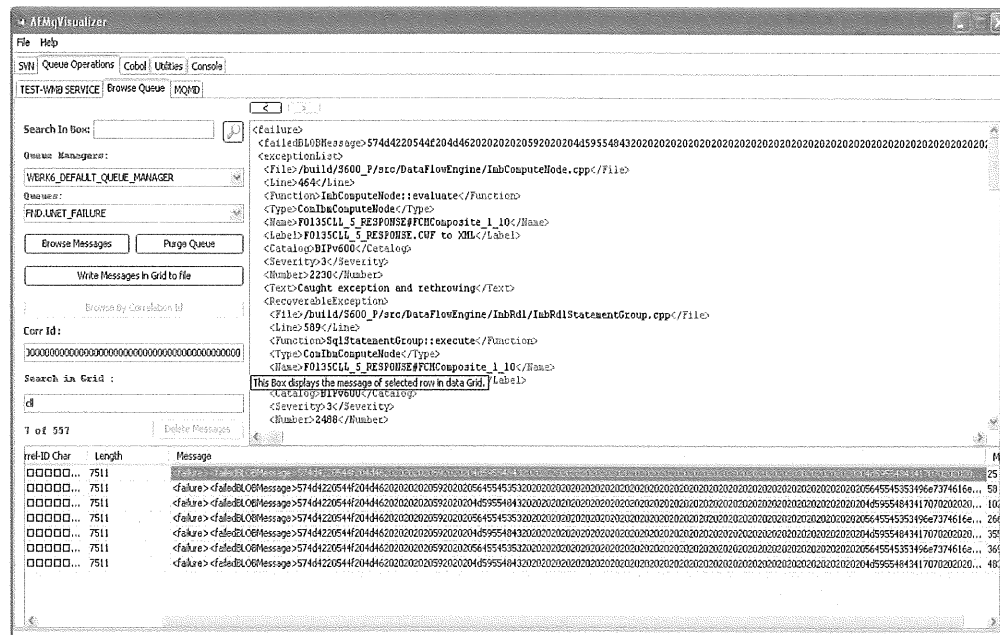
2. Browse Functionality: This functionality helps in browsing the queue. A connection is made to queue and all the messages are cached in local machine.



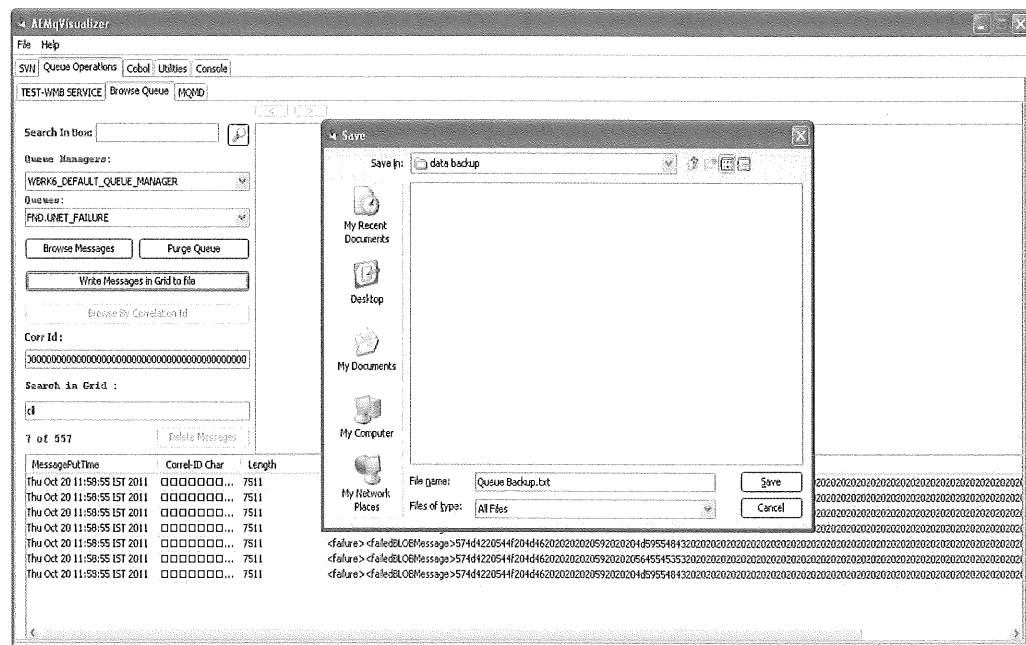
Faster Access: Browsing messages is much faster as all messages are cached in local memory. Session to Queue manger is created for only the time required and then it is closed. Messages are displayed in Message Grid layout in tabular format. Selected message is shown in a message box properly formatted.



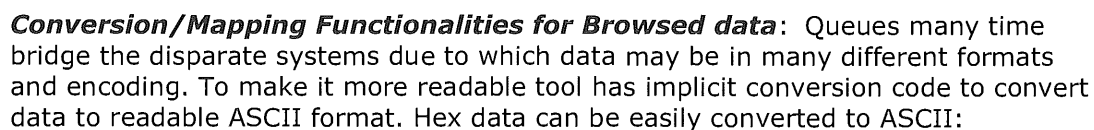
Message Grid: Browsed messages are displayed in Grid layout and messages can be easily filtered based on some keywords.

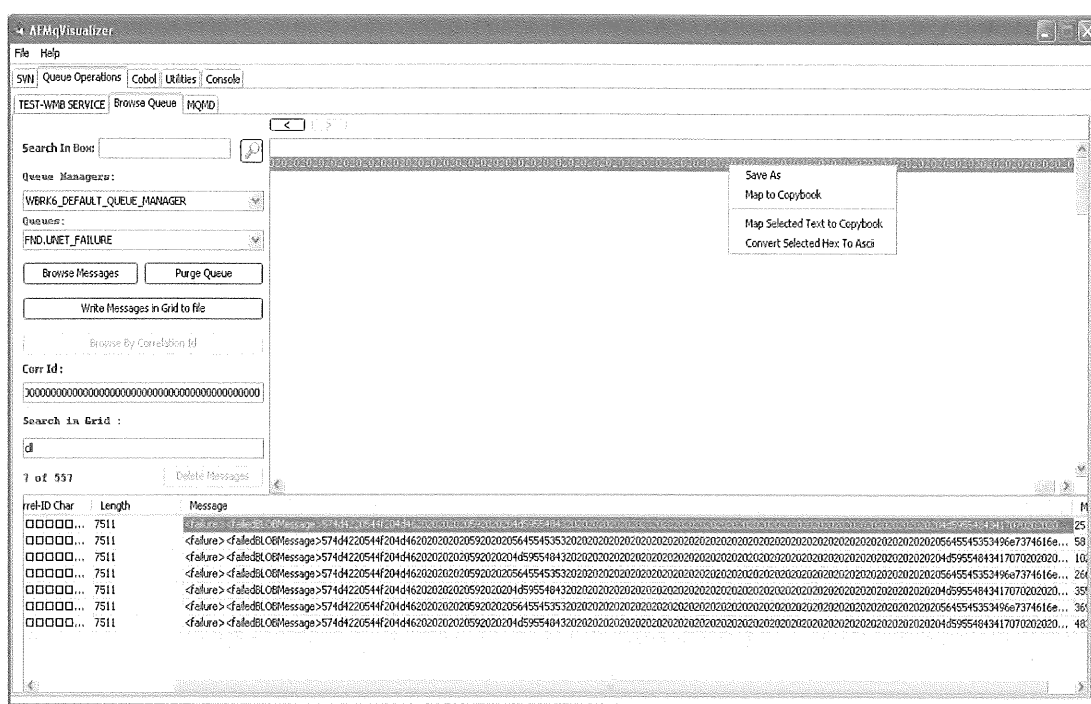


Queue Backup: Backup of filtered messages can be easily taken to a file. Even all the messages can be easily written to a local file. User can even load the file back to queue without any loss of data. Messages of one queue can also be easily moved/ copied to another queue.

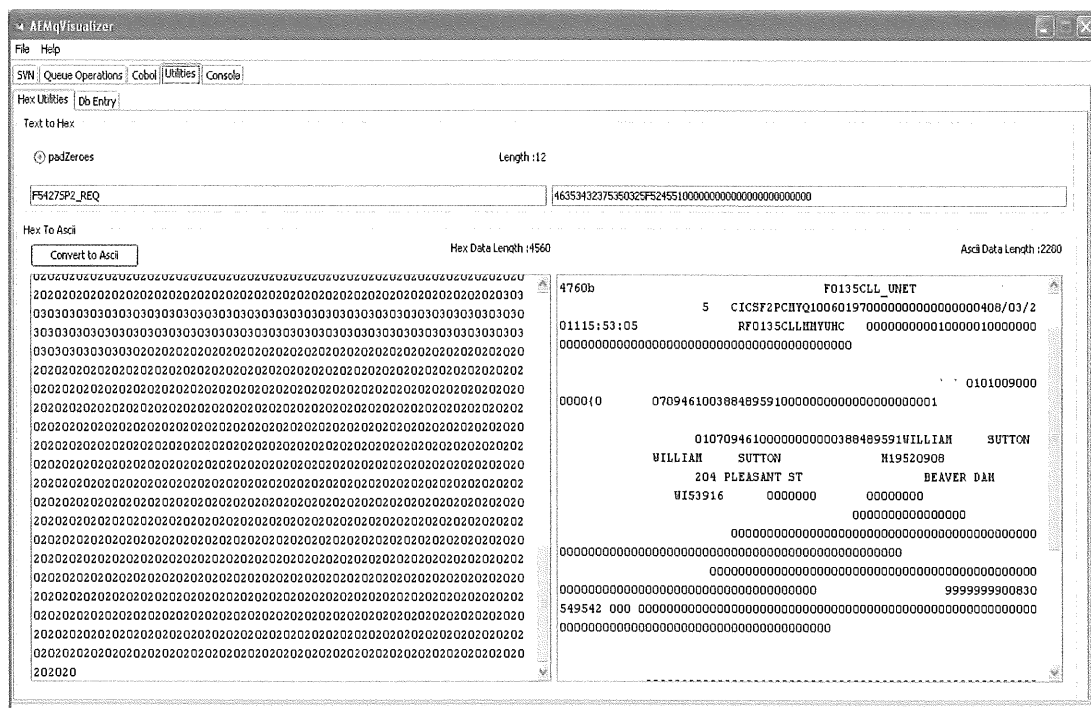


Queue Browsing History: While browsing a queue, tool automatically saves the browsed data messages so that it serves a purpose of snapshot of that queue at that moment. Benefit of this functionality is that user is switching the queues frequently he/she can look in history data instead of browsing same queue again. This reduces the burden on MQ and transfers that workload to tool.





Converted data can be viewed in Hex tab:



File Aide on Windows

Many times data in queue is in plain text format and can be understood properly only if it is mapped to appropriate copybook. For mapping a test data to copybook File Aide is used which is a mainframe tool, i.e. just for mapping purpose that data need to be uploaded to Mainframe and then opened by File Aide. In this tool there is a separate tab for COBOL operations which provide functionalities parallel to file aide.

A message in queue can easily be mapped to a copybook. A user can provide the copybook by following three options:

- Copybook file can directly be loaded by browsing the files from local disk. Many teams have these copybooks on their hard disk and this functionality would be useful for such scenarios.
- Copybook can be directly loaded from any version control (SVN, VSS, etc) link. If a user has access to a version control link, then that link can be directly opened in inbuilt browser of tool.
- **User can also get the copybook from mainframe at run time. If user has access to mainframe PDS, then he/she can provide the path of PDS in tool itself and it will be picked at run time from mainframe.**

There are four sub-tabs in COBOL tab which display the mapped data in different formats.

- **XML Format:** In this tab mapped data is displayed in XML format. Tool generates the same tag name as copybook field names. A sample XML can also be created directly from copybook.



- **Grid Layout:** It is mostly used sub-tab under COBOL tab. In this tab mapped data is displayed in tabular grid layout. Different levels have different colors associated with them, i.e. all the rows with same level will have same background color. All numeric fields are displayed in blue font. Any field not mapping properly is displayed in red font. There is lot of dynamic mapping

functionality in this tab. For testing purpose data can be modified and remapped in this tab itself. Modified data can be saved to file as well.

Level	Offset	Len	Type	Occ	Variable Name	Value	Comment	Error
25	1751	3	X(3)	16	h21_disease_state_cd			No
20	1753	3	X(3)	17	h21_disease_states			No
25	1754	3	X(3)	17	h21_disease_state_cd			No
20	1756	3	X(3)	18	h21_disease_states			No
25	1757	3	X(3)	18	h21_disease_state_cd			No
20	1759	3	X(3)	19	h21_disease_states			No
25	1760	3	X(3)	19	h21_disease_state_cd			No
20	1762	3	X(3)	20	h21_disease_states			No
25	1763	3	X(3)	20	h21_disease_state_cd			No
20	1765	3	X(3)	21	h21_disease_states			No
25	1766	3	X(3)	21	h21_disease_state_cd			No
20	1768	3	X(3)	22	h21_disease_states			No
25	1769	3	X(3)	22	h21_disease_state_cd			No
20	1771	3	X(3)	23	h21_disease_states			No
25	1772	3	X(3)	23	h21_disease_state_cd			No
20	1774	3	X(3)	24	h21_disease_states			No
25	1775	3	X(3)	24	h21_disease_state_cd			No
20	1777	3	X(3)	25	h21_disease_states			No
25	1778	3	X(3)	25	h21_disease_state_cd			No
15	1781	1	X(01)	1	h21_cln_prate_rsn_cd			No
15	1782	1	X(01)	1	h21_sca_record_sw			No
15	1782	28	X(01)	1	h21_bal_accum_data			No
17	1783	2	X(02)	1	h21_ret_serv_cal			No
17	1785	12	X(12)	1	h21_ret_serv_cal_desc			No
17	1797	1	X(01)	1	h21_ret_typ_accum			No
17	1798	10	X(07)...	1	h21_ret_total_ytd_pd_amt		In valid Numeric data	Error
17	1803	3	X(03)	1	h21_ret_total_ytd_pd_cnt		In valid Numeric data	Error
15	1810	20	X(02)	2	h21_bal_accum_data			No
17	1811	2	X(02)	2	h21_ret_serv_cal			No

Filtering can also be performed on data grid. Data in data Grid can also be exported to excel sheet.

Level	Offset	Len	Type	Occ	Variable Name	Value	Comment	Error
17	1798	10	X(07)...	1	h21_ret_total_ytd_pd_amt		In valid Numeric data	Error
17	1803	3	X(03)	1	h21_ret_total_ytd_pd_cnt		In valid Numeric data	Error
17	1806	10	X(07)...	2	h21_ret_total_ytd_pd_amt		In valid Numeric data	Error
17	1806	3	X(03)	2	h21_ret_total_ytd_pd_cnt		In valid Numeric data	Error
17	1804	10	X(07)...	3	h21_ret_total_ytd_pd_amt		In valid Numeric data	Error
17	1804	3	X(03)	3	h21_ret_total_ytd_pd_cnt		In valid Numeric data	Error
17	1802	10	X(07)...	4	h21_ret_total_ytd_pd_amt		In valid Numeric data	Error
17	1802	3	X(03)	4	h21_ret_total_ytd_pd_cnt		In valid Numeric data	Error
17	1910	10	X(07)...	5	h21_ret_total_ytd_pd_amt		In valid Numeric data	Error
17	1920	3	X(03)	5	h21_ret_total_ytd_pd_cnt		In valid Numeric data	Error
17	1930	10	X(07)...	6	h21_ret_total_ytd_pd_amt		In valid Numeric data	Error
17	1948	3	X(03)	6	h21_ret_total_ytd_pd_cnt		In valid Numeric data	Error
17	1966	10	X(07)...	7	h21_ret_total_ytd_pd_amt		In valid Numeric data	Error
17	1976	3	X(03)	7	h21_ret_total_ytd_pd_cnt		In valid Numeric data	Error
17	1994	10	X(07)...	8	h21_ret_total_ytd_pd_amt		In valid Numeric data	Error
17	2004	3	X(03)	8	h21_ret_total_ytd_pd_cnt		In valid Numeric data	Error
17	2022	10	X(07)...	9	h21_ret_total_ytd_pd_amt		In valid Numeric data	Error
17	2032	3	X(03)	9	h21_ret_total_ytd_pd_cnt		In valid Numeric data	Error
17	2050	10	X(07)...	10	h21_ret_total_ytd_pd_amt		In valid Numeric data	Error
17	2060	3	X(03)	10	h21_ret_total_ytd_pd_cnt		In valid Numeric data	Error

- **Plain Text Layout:** It's the same data in grid format in plain text layout. This layout is mainly used for getting attachments for Quality Centre or any other defect tracker.

Level	ofs	Len	Type	Occr Name	Value
01	0	2280		f0135c11_resp	
02	0	2280		svcResponse	
03	0	360		svcHeader	
04	0	360		f0133hda	
10	1	10	X(10)	fnf_hda_acss_type	UNB TO HF
10	11	4	X(04)	fnf_hda_ver_nbr	
10	15	1	X(01)	fnf_hda_mq_rspn_ind	Y
10	16	1	X(01)	fnf_hda_mqmd_ind	
10	17	1	X(01)	fnf_hda_lrgvw_ind	
10	18	1	X(01)	fnf_hda_orig_environment	
10	19	40	X(40)	fnf_hda_orig_appl_nm	MYUHC
10	59	100	X(100)	fnf_hda_orig_appl_instanc	MYUHCApp
10	159	40	X(40)	fnf_hda_orig_timestamp	1312401184884
10	199	40	X(40)	fnf_hda_orig_random_nbr	5a04760b
10	239	50	X(50)	fnf_hda_orig_srvc_nm	F0135CLL_UNET
10	289	4	X(04)	fnf_hda_orig_srvc_ver_nbr	5
10	293	8	X(08)	fnf_hda_mf_cics_srvc_rgn	CICSFF2PC
10	301	4	X(04)	fnf_hda_mf_ebus_trans_id	MYQ1
10	305	7	9(07)	fnf_hda_mf_tsk_id	0060197
10	312	16	X(16)	fnf_hda_mf_unit_of_wrk_id	0000000000000000
10	328	1	X(01)	fnf_hda_loglevel	4
10	329	18	X(18)	fnf_hda_mf_timestamp	08/03/201115:53:05
10	347	14	X(14)	fnf_hda_filler_14	
03	360	1920		svcBody	
04	360	83		f0133fdd	
10	361	1	X(01)	fdd_action	R
10	362	8	X(08)	fdd_viewname	F0135CLL

- **Copybook Editor:** This tab provides dedicated functionalities for editing copybooks. Many times data records from queue do not match exactly with the copybook, so in this tab copybook can be modified and used at run time. There is a level filter which helps in filtering the copybook based on a level.

Level	Name	Comment	Suppress	Row
05	F0135CLL-RESP.			4
06	F0135CLL-RESP.			6
10	F0135CLL-RESP.			7
15	F0135CLL-RESP.			8
17	F0135CLL-RESP.			9
20	F0135CLL-RESP.			10
25	F0135CLL-RESP.			11
88	F0135CLL-RESP.			12
10	F0135CLL-RESP.			13
10	F0135CLL-RESP.			14
10	F0135CLL-RESP.			15
10	F0135CLL-RESP.			16
10	F0135CLL-RESP.			17
10	F0135CLL-RESP.			18
10	F0135CLL-RESP.			19
10	F0135CLL-RESP.			20
10	F0135CLL-RESP.			21
10	F0135CLL-RESP.			22
10	F0135CLL-RESP.			23
10	F0135CLL-RESP.			26
10	F0135CLL-RESP.			27
10	F0135CLL-RESP.			28
10	F0135CLL-RESP.			29
10	F0135CLL-RESP.			30
10	F0135CLL-RESP.			31
10	F0135CLL-RESP.			32
10	F0135CLL-RESP.			33
10	F0135CLL-RESP.			34
10	F0135CLL-RESP.			35

EXHIBIT B

StarTribune | business

News Local Sports Business Politics Opinion Lifestyle Entertainment

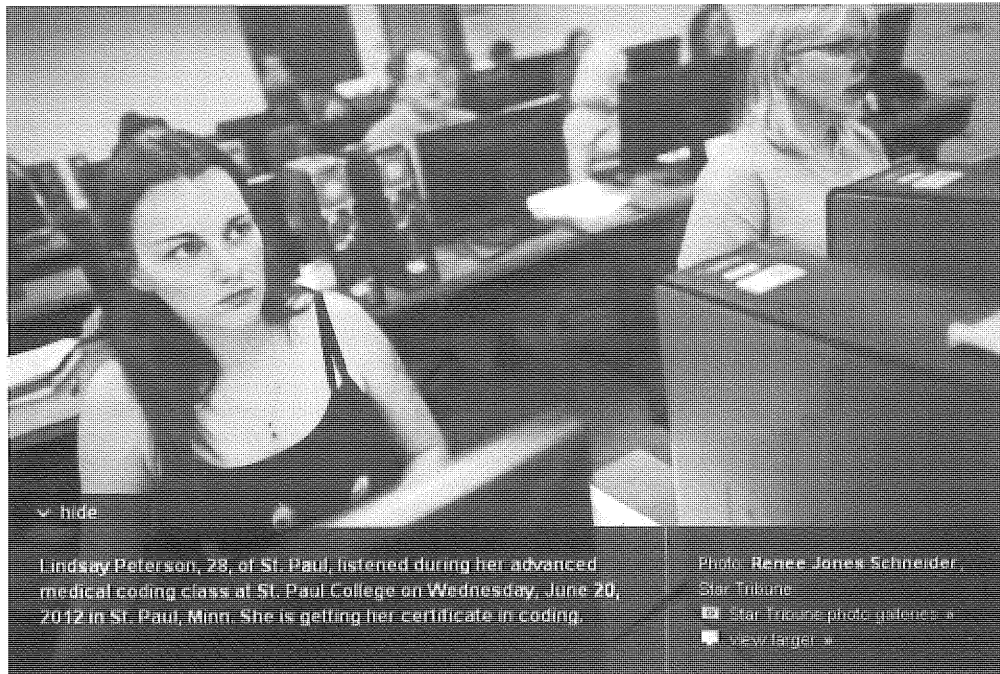
Weekly ads Economy Your Money Top Workplaces Blogs + Columns Obituaries Clas

Health care industry feels the shortage of IT workers

Article by: JACKIE CROSBY, Star Tribune

Updated: July 3, 2012 - 12:50 PM

Minnesota colleges hustle to train workers in health information technology as the medical system goes increasingly digital.



hide
Lindsay Peterson, 28, of St. Paul, listened during her advanced medical coding class at St. Paul College on Wednesday, June 20, 2012 in St. Paul, Minn. She is getting her certificate in coding.

Photo: Renee Jones Schneider,
Star Tribune
Star Tribune photo galleries »
view larger »

The next wave of workers hired by the nation's health care industry may never see a patient.

Instead, they'll need to know what Kelly Dale teaches at St. Paul College -- the complex medical coding system used by hospitals and clinics to get paid.

Her students are on the front line of an effort by the nation's colleges and universities to train more workers for the medical system's continued march into the digital age.

But educators say training programs are not keeping up with the demand for information technology workers with expertise in medical data.

"There's a major skills gap right now," said Ryan Sandefer of the College of St. Scholastica, a private school that offers the state's only four-year and master's degree programs in the fast-

growing field. "There's just tons and tons of data. The problem is, there's not a whole lot of people with the technical expertise in how to build the systems correctly or how to use the data accurately."

The Bureau of Labor Statistics says 12,000 to 50,000 health IT workers will be needed in five years. Many jobs will involve helping hospitals and clinics handle coding and billing, and setting up patient's electronic health records.

There's also growing demand for highly trained workers who can analyze and manage data, train clinicians and others in the technology and protect it against privacy breaches.

Providers and insurers recognize the untapped potential to use data to lower costs, improve patient care and prevent illness -- key principles of the federal health care law that will be important no matter how the Supreme Court rules.

"We need people who can make sense of it all, and help us get good reports that tell us how well we're doing with the quality of care," said Linda Wagner, a nurse and director of clinical education at Essentia Health, a Duluth-based network of rural hospitals and clinics across four states. "We just can't get them."

'Price of admission'

At Eden Prairie-based Optum, the health services division of UnitedHealth Group Inc., a highly skilled workforce in health technology "is the price of admission" to a modern health care system, said Samantha Hanson, Optum's vice president of human capital.

The skills are needed now, she said, "but it's only going to get stronger as we use data in more innovative ways to deliver health care."

Minnesota is just starting to meet that need.

Under a \$5.2 million grant from the 2010 federal stimulus package, about 300 students have earned degrees or certificates in health IT and another 100 are enrolled in such programs at technical and community colleges.

Minnesota has 14 accredited programs in the field, according to the state chapter of the Health Information Management Association, but none of the state's public colleges and universities offers a four-year program. It's a shortcoming acknowledged by higher education officials, who are competing for students with other states that offer online courses.

Winona State University has been scrambling to create new programs. It expects to launch a bachelor's degree in

Health Information Technology in the fall of 2013 and to add a four-year degree in Health Information Management the following spring. The offerings will be among the first from a public university in the five-state area.

'A critical area nationally and in the state'

"This is just a critical area nationally and in the state in terms of moving a national system forward for electronic health records and in ensuring more efficiency," said Diane Dingfelder, executive director for outreach and continuing education at Winona State, which is part of the Minnesota State Colleges and Universities system. "It's an emerging need. We don't expect it to go away."

The College of St. Scholastica, a Catholic Benedictine college in Duluth, for the first time is offering a program for Twin Cities students who want to further their studies beyond a two-year associate's degree program.

Starting this fall, St. Scholastica will offer a hybrid program that combines online study with classroom instruction. Classes will be held at St. Paul College, near the state Capitol, but will be open to students at any community or technical college.

"We're trying to give students a more-flexible opportunity to get into the baccalaureate program," St. Scholastica's Sandefer said. "There's a great need for advanced training, and the salary differential is massive."

While the starting salary of someone with an associate's degree is about \$30,000, a bachelor's degree can bring about \$50,000, according to the American Medical Informatics Association. After five years on the job, earning potential can reach \$75,000.

That's part of what attracted Lindsay Peterson to the field. The single mother of two preschoolers is among the beneficiaries of the federal grants. She works part-time at Wal-Mart and is in her final class -- taught by Dale -- to earn a certificate in medical coding at St. Paul College.

"I love it," said Peterson, 28, of St. Paul. "It's like a puzzle. My interest is in getting a better job so I can have a better life for my children."

If she can land a job, she might be on her way. Workers in the medical records and health IT field in Minnesota earn a median wage of \$18.75 an hour, compared with the national average of \$16.22, according to the state Department of Employment and Economic Development.

For Michelle Smith, 52, a laid-off office manager, the field offers a chance for rapid career advancement.

She's volunteering in the medical records department at Gillette Children's Specialty Healthcare in St. Paul, and will graduate from St. Paul College at the end of this semester with a two-year associate's degree. Smith said she hopes to continue working toward a bachelor's degree.

"It's a growing field with lots of potential -- assuming someone will take a chance on me and hire me," she said.

Jackie Crosby • 612-673-7335

EXHIBIT C



UnitedHealth Group®

Certificate of Recognition

STELLAR UNITED, 2009

Presented to

Neel Mishra



John Kavan, Chief Financial Officer



Neil Mishra, Chief Operating Officer



PS Mishra, Managing Director



UnitedHealth Group

Spot Award

Presented to

Nach Mishra

For

*Exemplary performance for completing tasks at
hand with Focused Approach and Commitment*

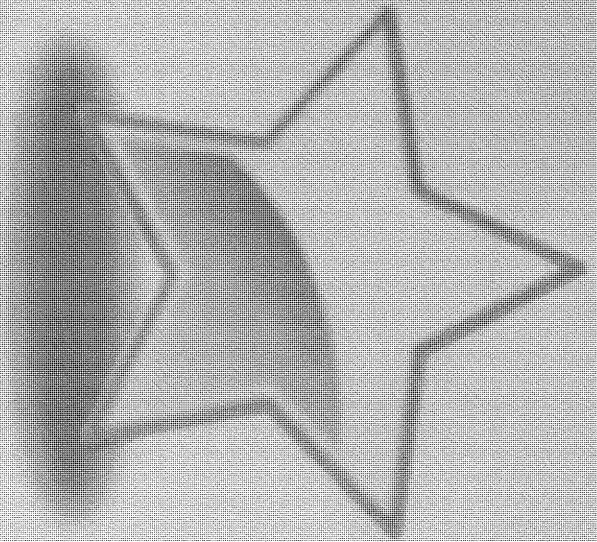
David Rana

Executive Director, Vice President - IT





UnitedHealth Group



Robert Steward

Presented To

Vivian Mishner

For

Outstanding Achievement

October 1990

EXHIBIT D

Date: July 25, 2012

To,
US Citizenship and Immigration Services,
United States

Re: Beneficiary: Vivek Mishra
 Petitioner: **UnitedHealth Care Services INC**

Dear Madam or Sir:

I am writing to confirm the experience and expertise of Mr. Vivek Mishra in the field of Computer Engineering and Software Development.

Mr. Vivek Mishra has 85 months of experience in Computer Engineering and Software Development. He has been with UnitedHealth Group Information Services Private Limited since 11th June 2007.

He has expertise in analyzing, designing and building of applications in the areas of middle tier. He has more than five years of experience in Application Enablement (AE) which has responsibility to implement Service oriented architecture (SOA) based Enterprise Service Bus in UHG for seamless connectivity among various applications. He has expertise in various middle tier technologies used in AE which include WebSphere message Broker, WebSphere MQ, SOA, and Foundation Framework.

He has developed many tools which helped in stabilizing production environment. He has expertise in improving the already existing process by automating them. He has developed Error Reporting and Purging tool, Generic Flow for web-based SUIT tool, Test Data capturing tool, Swing based AeMqVisualizer tool.

Mr. Vivek Mishra has also gained his technical knowledge and deep understanding of application architecture from the trainings provided to him at UHGIS.

Training courses in which the beneficiary has been enrolled while working in UnitedHealth Group Information Services Private Limited:

Training Name and Topics Covered	Trainer	Duration	Completion Date
El@Work Lesson - Global Anti-Bribery	Online - CBT Based	30 Minutes	9/11/2011
UnitedHealth Group Code of Conduct Attestation	Online - CBT Based	20 Minutes	9/13/2011
Privacy and Security: You Hold the Key	Online - CBT Based	30 Minutes	10/17/2011
UHG Privacy & Security Employee Awareness Training	Online - CBT Based	40 Minutes	10/14/2009

EI@Work Lesson 8 - Conflicts of Interest	Online - CBT Based	30 Minutes	6/19/2007
EI@Work Lesson - Handling Sensitive Data and Electronic Media	Online - CBT Based	40 Minutes	12/5/2007
EI@Work Lesson 3 - Protecting Company Intellectual Property	Online - CBT Based	15 Minutes	6/18/2007
E&I@Work Lesson - Ethics & Integrity Program Overview	Online - CBT Based	40 Minutes	8/13/2007
EI@Work Lesson 4 - Records Management Awareness	Online - CBT Based	40 Minutes	6/18/2007
EI@Work Lesson 7 - Information Security	Online - CBT Based	20 Minutes	6/19/2007
IT - Quality Training, Part 2 - Introduction to Six Sigma	Online - CBT Based	45 Minutes	1/25/2008
IT - Quality Training, Part 1 - Introduction to Continuous Improvement at UHG IT	Online - CBT Based	30 Minutes	12/5/2007
Education@Work Survey	Online - CBT Based	30 Minutes	12/5/2007
Employee Self Service - Non US - Prior Version	Online - CBT Based	60 Minutes	12/5/2007
BP - UHG IT TRS Training	Online - CBT Based	30 Minutes	9/19/2008
E&I@Work Lesson 1 - Ethics & Integrity Program Overview	Online - CBT Based	30 Minutes	6/15/2007
Harassment Prevention Training for Employees	Online - CBT Based	30 Minutes	6/21/2007
Are You An Expert - Apr'08 Quiz	Online - CBT Based	30 Minutes	4/28/2008
EI@Work Lesson - Information Security	Online - CBT Based	30 Minutes	11/20/2008
EI@Work Lesson 6 – Whistle Blowers	Online - CBT Based	60 Minutes	7/14/2011
The Manager's Role in Affirmative Action	Online - CBT Based	60 Minutes	10/17/2011
CMPP Planview Overview	Online - CBT Based	30 Minutes	12/7/2011
COM Release 1.0 IT Time accounting Program	Learn Assignment	30 Minutes	1/22/2010
Influencing without Authority	Webinar	20 Minutes	5/25/2010
Understanding US Culture - UHG India(Copy 3)	Classroom Training	4 Hours	8/6/2007
Healthcare Orientation Program – UHG India	Classroom Training	4 Hours	6/12/2007
Introduction to UHG businesses and UHGIS - Brief Orientation	Viney Mittal	4 Hours	June 12th 2007
Functional segmentation for different UHG business units e.g.	Viney Mittal	4 Hours	June 13th 2007
Alliance, Uniprise & UnitedHealthCare, Ovations, Americhoice,			
OptumHealth, Ingenix & Rx Solutions			
New Employee Orientation - UHG India	Classroom Training	1 Day	6/11/2007
Healthcare Orientation	Viney Mittal	32 Hours	June 13th 2007

Introduction to Application Enablement	Anil Gogia	1 Days	18-Jun-07
Functional and technical information for the AE Application	Anil Gogia	1 Days	19-Jun-07
Technical application architecture	Anil Gogia	2 Days	20-Jun-07
Foundation Framework Architecture and interfacing with other applications such as TOPS/B2B/GFLX/Medco etc.	Kshitij Agrawal	1 Days	Jan 17th 2008
Requirements & Solution Analysis Level 1	Self Study/Online	90 Minutes	9/13/2010
Requirements & Solution Analysis Level 2 (LEGACY)	Self Study/Online	13 Hrs	4/18/2011
Professional - Academy of Healthcare Management (P-AHM)	Self Study/Online	90 Minutes	12/1/2008
WebSpere MQ	Classroom	3 Days	8/5/2009
Foundation Framework II	Classroom	5 Days	12/19/2008
Service User Interface Tool	Classroom	3 Days	7/7/2009
Trainings as part of Employee Program in UHG			
Trainings as part of AE Team			
Certifications			
Technical Trainings for playing Specialist Role			
Other Training			

Please note that there were no certificates given as confirmation of attendance and completion of these training sessions as these trainings were internal to the project.

Should you require any additional information, please contact me via email (anil_gogia@uhc.com)

Thank you for your continued adjudication of the petition is greatly appreciated.

Sincerely,
Mr. Anil Gogia,
Project Manager