

**The Guaranty Building**  
370 Main Street, 12th Floor  
Worcester, MA 01608-1779  
TEL 508.459.8000  
FAX 508.459.8300

**The Meadows**  
161 Worcester Road, Suite 501  
Framingham, MA 01701-5315  
TEL 508.532.3500  
FAX 508.532.3100

**Cape Cod**  
1597 Falmouth Road, Suite 3  
Centerville, MA 02632-2955  
TEL 508.815.2500  
FAX 508.459.8300

FletcherTilton.com

**PETITIONER'S PRIMARY OFFICE: MASSACHUSETTS**

March 31, 2018

**VIA FEDERAL EXPRESS**

U.S. Citizenship & Immigration Services  
Vermont Service Center  
ATTN: H-1B Cap  
4 Lemnah Drive  
St. Albans, VT 05479-0001

**Re: H-1B PETITION FOR NONIMMIGRANT WORKER – CAP**  
**Petitioner: Virtusa Corporation**  
**Beneficiary: Aravindan Thakku Kennedy**

Dear Sir or Madam:

Enclosed please find the following:

1. Form G-28, Notice of Entry of Appearance as Attorney;
2. Filing fee checks in the amounts of \$460, \$500, \$1,500, and \$4,000;
3. Form I-129, Petition for Nonimmigrant Worker;
4. Itinerary;
5. Form I-129H Supplement;
6. Copy of Beneficiary's Resume/Profile;
7. Petitioner' Letter of Support;
8. Corporate Brochure;
9. Form 10-K Annual Report;
10. Employee Handbook;
11. Beneficiary's credentials evaluation, academic degree, transcript;
12. Approved Labor Condition Application with Schedule;
13. Duplicate 'PIMS' Copy of Form I-129;
14. Duplicate 'PIMS' Copy of Form I-129H;
15. Duplicate 'PIMS' Copy of Petitioner's Letter of Support;
16. Duplicate 'PIMS' Copy of Labor Condition Application.

Please send further correspondence regarding this matter to our office.

Sincerely,



Kirk A. Carter

Direct phone: (508) 532-3514

Direct fax: (508) 532-3114

E-mail: [kcartier@fletchertilton.com](mailto:kcartier@fletchertilton.com)

Encl.

cc: Quyen Chau, Renu Ramesh Nair

Client Files/45490/0054/02669822.DOCX

*Please direct all correspondence to our Framingham office.*



# Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS

Form G-28

OMB No. 1615-0105

Expires 03/31/2018

## Part 1. Information About Attorney or Accredited Representative

1. USCIS ELIS Account Number (*if any*)

►

## Name and Address of Attorney or Accredited Representative

- 2.a. Family Name (*Last Name*)

Carter

- 2.b. Given Name (*First Name*)

Kirk

- 2.c. Middle Name

A.

- 3.a. Street Number and Name

161 Worcester Road

- 3.b. Apt.  Ste.  Flr.  501

- 3.c. City or Town

Framingham

- 3.d. State  MA

- 3.e. ZIP Code  01701

- 3.f. Province

- 3.g. Postal Code

- 3.h. Country

USA

4. Daytime Telephone Number

5085323514

5. Fax Number

5085323114

6. E-Mail Address (*if any*)

kcarte@fletchertilton.com

7. Mobile Telephone Number (*if any*)

## Part 2. Notice of Appearance as Attorney or Accredited Representative

This appearance relates to immigration matters before  
(Select **only one** box):

- 1.a.  USCIS

- 1.b. List the form numbers

I-129

- 2.a.  ICE

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

- 3.a.  CBP

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

I enter my appearance as attorney or accredited representative at the request of:

4. Select **only one** box:

Applicant  Petitioner  Requestor

Respondent (ICE, CBP)

## Information About Applicant, Petitioner, Requestor, or Respondent

- 5.a. Family Name (*Last Name*)

Chau

- 5.b. Given Name (*First Name*)

Quyen

- 5.c. Middle Name

6. Name of Company or Organization (*if applicable*)

VIRTUSA CORPORATION



**Part 2. Notice of Appearance as Attorney or Accredited Representative (continued)****Information About Applicant, Petitioner, Requestor, or Respondent (continued)**7. USCIS ELIS Account Number (*if any*)  
► [REDACTED]8. Alien Registration Number (A-Number) or Receipt Number  
[REDACTED]9. Daytime Telephone Number  
508389745110. Mobile Telephone Number (*if any*)  
508389731411. E-Mail Address (*if any*)  
qchau@virtusa.com**Mailing Address of Applicant, Petitioner, Requestor, or Respondent**

NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. **Do not** provide the business mailing address of the attorney or accredited representative **unless it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.**

12.a. Street Number and Name  
132 TURNPIKE ROAD12.b. Apt.  Ste.  Flr.  30012.c. City or Town  
SOUTHBOROUGH12.d. State  
MA12.e. ZIP Code  
0177212.f. Province  
[REDACTED]12.g. Postal Code  
[REDACTED]12.h. Country  
USA**Part 3. 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 additional space, use Part 6.*)

Licensing Authority

Massachusetts

1.b. Bar Number (*if applicable*)

MA550002

1.c. Name of Law Firm

FLETCHER TILTON P.C.

1.d. I (*choose one*)  am not  am

subject to any order of any court or administrative agency disbarring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (*If you need additional space, use Part 6.*)

2.a.  I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals, in accordance with 8 CFR 292.2. Provide the name of the organization and the expiration date of accreditation.2.b. Name of Recognized Organization  
[REDACTED]2.c. Date accreditation expires  
(mm/dd/yyyy) ► [REDACTED]

### **Part 3. Eligibility Information for Attorney or Accredited Representative (continued)**

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  
is at his or her request.

**NOTE:** If you select this item, also complete **Item Numbers 1.a. - 1.b. or Item Numbers 2.a. - 2.c.** in **Part 3.** (whichever is appropriate).

- 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)(iv).

- 4.b. Name of Law Student or Law Graduate

### **Part 4. Applicant, Petitioner, Requestor, or Respondent Consent to Representation, Contact Information, and Signature**

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

1. 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 DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

When you (the applicant, petitioner, requestor, or respondent) are represented, DHS will send notices to both you and your attorney or accredited representative either through mail or electronic delivery.

DHS will also send the Form I-94, Arrival Departure Record, to you unless you select **Item Number 2.a.** in **Part 4.** All secure identity documents and Travel Documents will be sent to you (the applicant, petitioner, requestor, or respondent) at your U.S. mailing address unless you ask us to send your secure identity documents to your attorney of record or accredited representative.

If you do not want to receive original notices or secure identity documents directly, but would rather have such notices and documents sent to your attorney of record or accredited representative, please select **all applicable** boxes below:

- 2.a.  I request DHS send any notice (including Form I-94) on an application, petition, or request to the U.S. business address of my attorney of record or accredited representative as listed in this form. I understand that I may change this election at any future date through written notice to DHS.
- 2.b.  I request that DHS send any secure identity document, such as a Permanent Resident Card, Employment Authorization Document, or Travel Document, that I am approved to receive and authorized to possess, to the U.S. business address of my attorney of record or accredited representative as listed in this form or to a designated military or diplomatic address for pickup in a foreign country (if permitted). I consent to having my secure identity document sent to my attorney of record or accredited representative's U.S. business address and understand that I may request, at any future date and through written notice to DHS, that DHS send any secure identity document to me directly.

- 3.a. Signature of Applicant, Petitioner, Requestor, or Respondent



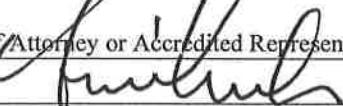


- 3.b. Date of Signature (mm/dd/yyyy) ► 03/31/2018

### **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 the Department of Homeland Security. 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. Signature of Attorney or Accredited Representative



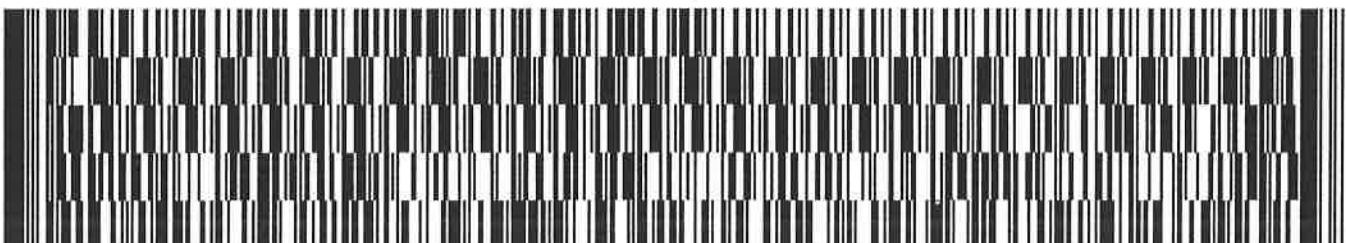
2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ►

  
 3/31/18

**Part 6. Additional Information**

Use the space provided below to provide additional information pertaining to **Part 3., Item Numbers 1.a. - 1.d.** or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under **Part 4.**)





# 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 12/31/2018

1. Name of the Petitioner

VIRTUSA CORPORATION

2. Name of the Beneficiary

ARAVINDAN THAKKU KENNEDY

## 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?  Yes  No
- c.1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000?  Yes  No
- c.2. Or is it because the beneficiary has a master's degree or higher degree in a specialty related to the employment?  Yes  No
- d. Does the petitioner employ 50 or more individuals in the United States?  Yes  No
- d.1. If yes, are more than 50 percent of those employees in H-1B, 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 SYSTEMS

4. Rate of Pay Per Year

\$60,000

5. DOT Code

0 3 0

6. NAICS Code

5 4 1 5 1 1

## Section 2. Fee Exemption and/or Determination

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

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

- b. Date Degree Awarded

- c. Type of United States Degree

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

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

### Section 3. Numerical Limitation Information (continued)

3. If you answered Item Number 1.d. "CAP Exempt," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:
- a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).
  - b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 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
- 2. 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



# Petition for a Nonimmigrant Worker

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

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

For USCIS Use Only	Receipt	Partial Approval (explain)	Action Block
Class: _____	<input type="checkbox"/> Classification Approved		
No. of Workers: _____	<input type="checkbox"/> Consulate/POE/PFI Notified		
Job Code: _____	At: _____		
Validity Dates: _____	<input type="checkbox"/> Extension Granted		
From: _____	<input type="checkbox"/> COS/Extension Granted		
To: _____			

► 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

### 2. Company or Organization Name

VIRTUSA CORPORATION

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

In Care Of Name

Quyen Chau, Senior Manager - HR

Street Number and Name

132 Turnpike Road

Apt. Ste. Flr. Number

300

City or Town

Southborough

State

MA

ZIP Code

01772

Province

Postal Code

Country

United States

### 4. Contact Information

Daytime Telephone Number

508-389-7451

Mobile Telephone Number

Email Address (if any)

qchau@virtusa.com

### 5. Other Information

Federal Employer Identification Number (FEIN)

► 043512883

Individual IRS Tax Number

U.S. Social Security Number (if any)

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

1. Requested Nonimmigrant Classification (Write classification symbol): **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." ► **N O N E**
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**

**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

2. Provide Name of Beneficiary

Family Name (Last Name)	Given Name (First Name)	Middle Name
<b>THAKKU KENNEDY</b>	<b>ARAVINDAN</b>	

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
<b>N/A</b>		

4. Other Information

Date of birth (mm/dd/yyyy)	<b>10/29/1990</b>	Gender	U.S. Social Security Number (if any)
		<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	► <b>[REDACTED]</b>

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

Alien Registration Number (A-Number) Country of Birth  
 ► A-  India

Province of Birth Country of Citizenship or Nationality  
 TAMILNADU India

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

Date of Last Arrival (mm/dd/yyyy) I-94 Arrival-Departure Record Number Passport or Travel Document Number  
 NOT IN US ►  J7285026

Date Passport or Travel Document Issued (mm/dd/yyyy) Date Passport or Travel Document Expires (mm/dd/yyyy) Passport or Travel Document Country of Issuance  
 02/13/2012 02/12/2022 India

Current Nonimmigrant Status Date Status Expires or D/S (mm/dd/yyyy)  
 NOT IN US N/A

Student and Exchange Visitor Information System (SEVIS) Number (if any) Employment Authorization Document (EAD) Number (if any)  
 N/A N/A

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

Street Number and Name Apt. Ste. Flr. Number  
 NOT IN US

City or Town State ZIP Code

**Part 4. Processing Information**

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

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

b. Office Address (City)  
 Hyderabad

c. U.S. State or Foreign Country  
 India

d. Beneficiary's Foreign Address

Street Number and Name Apt. Ste. Flr. Number  
 THUVARANKURUCHI NORTH STREET    59A

City or Town State  
 KUMBAKONAM Tamil Nadu

Province Postal Code Country  
 612001 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.

#### 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

Computer Systems Engineer 1

2. LCA or ETA Case Number

I-200-18057-086175

## 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

7302 Pacific St.

Apt. Ste. Flr. Number

Number

City or Town

Omaha

State

NE

ZIP Code

68114

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

► YEAR

10. Other Compensation (Explain)

STANDARD BENEFITS PACKAGE

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

To: (mm/dd/yyyy)

12. Type of Business

software design, development and consulting service

13. Year Established

1996

14. Current Number of Employees in the United States

1,912

15. Gross Annual Income

\$858,000,000

16. Net Annual Income

\$16,257,000

## 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)

Chau

Given Name (First Name)

Quyen

Title

Senior Manager - HR

**2. Signature and Date**

Signature of Authorized Signatory



Date of Signature

(mm/dd/yyyy) 03/31/2018

**3. Signatory's Contact Information**

Daytime Telephone Number

508-389-7451

Email Address (if any)

qchau@virtusa.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)

Carter

Given Name (First Name)

Kirk

**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).)

FLETCHER TILTON P.C.

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

**3. Preparer's Mailing Address**

Street Number and Name <b>161 Worcester Road</b>	Apt. Ste. Flr. Number <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <b>501</b>	
City or Town <b>Framingham</b>	State <b>MA</b>	ZIP Code <b>01701</b>
Province <b>MA</b>	Postal Code <b>01701</b>	Country <b>United States</b>

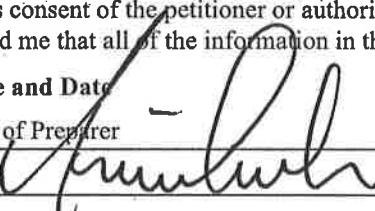
**4. Preparer's Contact Information**

Daytime Telephone Number <b>508-532-3514</b>	Fax Number <b>508-532-3114</b>	Email Address (if any) <b>kcarter@fletchertilton.com</b>
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***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) <b>3/31/18</b>
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**ITINERARY OF SERVICES PER 8 CFR S. 214.2(h)(2)(i)(B)**

**Petitioner:** Virtusa Corporation

**Beneficiary:** Aravindan Thakku Kennedy

The Beneficiary will perform services in the following locations:

**CLIENT SITES:**

**Job Site 1:** First Data Corporation

**(Client Site):** 7302 Pacific St, Omaha, NE 68114, USA

Anticipated periods of services:

During the period October 1, 2018 to August 14, 2021 Beneficiary may be assigned to work at this client site engaging in direct project activity under the direction of Virtusa Managers.



# H Classification Supplement to Form I-129

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

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

1. Name of the Petitioner

VIRTUSA CORPORATION

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

- 2.a. Name of the Beneficiary

ARAVINDAN THAKKU KENNEDY

OR

- 2.b. Provide the total number of beneficiaries

ONE

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 _____	
N/A		

4. Classification sought (select only one box):

- a. H-1B Specialty Occupation
- b. H-1B1 Chile and Singapore
- c. H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense (DOD)
- d. H-1B3 Fashion model of distinguished merit and ability
- e. H-2A Agricultural worker
- f. H-2B Non-agricultural worker
- g. H-3 Trainee
- h. H-3 Special education exchange visitor program

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

Yes       No

6. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?

Yes       No

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

Yes. If yes, please explain in Item Number 7.b.       No

**7.b. Explanation**

N/A

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

**1. Describe the proposed duties.**

See detailed letter of support, attached.

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

See employee profile, attached.

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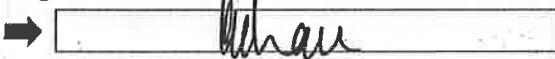
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**Statement for H-1B Specialty Occupations and H-1B1 Chile and Singapore**

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**

Quyen Chau, Senior Manager - HR

**Date (mm/dd/yyyy)**

03/31/2018

**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**

Quyen Chau, Senior Manager - HR

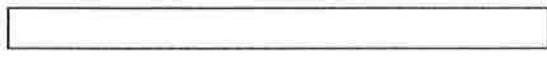
**Date (mm/dd/yyyy)**

03/31/2018

**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**

Quyen Chau, Senior Manager - HR

**Date (mm/dd/yyyy)**

03/31/2018

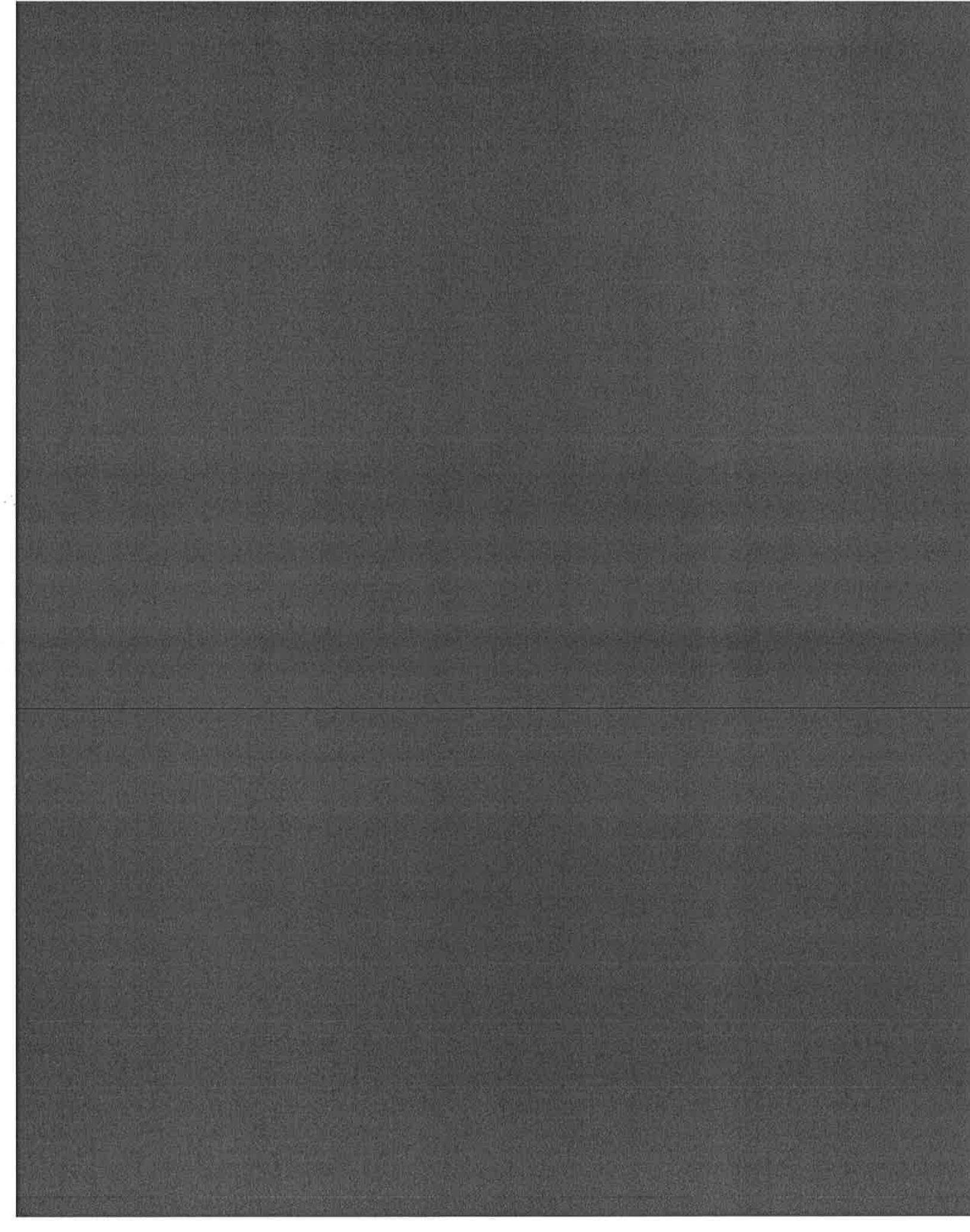
**Section 2. Complete This Section If Filing for H-2A or H-2B Classification**

**1. Employment is: (select only one box)**

a. Seasonal       b. Peak load       c. Intermittent       d. One-time occurrence

**2. Temporary need is: (select only one box)**

a. Unpredictable       b. Periodic       c. Recurrent annually



Aravindan T.K

Mob: +91 9952853718  
Email: [arvind1.cool@gmail.com](mailto:arvind1.cool@gmail.com)

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**Objective – To build a Strong Professional career in IT embellished by Discipline and Dedication, thereby furthering organization goals and better my area of competence.**

**Brief Introduction about Experience**

Organization	Duration	Designation
L&T InfoTech	2 Yrs 6 Months (Jan 2013 – Jun 2015)	Software Engineer
CSC	1 Year Approx. (Jun 2015 – Apr 2016)	Programmer Analyst
Virtusa	1.11 Year Approx (Apr 2016 – Till date)	Senior Consultant-Specialist

**Skills**

<b>Domain</b>	Manufacturing and Supply chain, Retail
<b>Programming Languages</b>	Cobol, JCL, Micro focus Cobol, Aps painter
<b>Operating System</b>	Z O/S, windows 7, Unix,Tandem
	DB2, File Aid For Files & DB2, Endevor, CA-7, SAR, COOL Gen, HSM , IMS-DB,QUIKJOB, Easytrieve, VSAM, Proterm, PLATINUM, SPUFI, CLIST, Changeman , Zeke, Xpeditor, Abendaid,Messagegateway,Shell Scripting, VB
<b>Tools /DB/Packages</b>	Macros,Excel Form using VB Macros, GIT, NDM, Sterling file gateway, Sterling Integrator, Tandem commands, Mailmerge, Rexx,Filemaster, FTP, TMS, Confluence, Jira workflow creation, WinSCP, FileZilla, Control-M beginner,Splunk, Active Directory,Blue prism beginner.

**Experience Summary**

**Larsen & Toubro InfoTech (Jan 13 – Jun 15)**

Designation - Software Engineer

Working for Freescale Semiconductor ODC since 04 Feb 2013. Supported Order Management Team which deals with Managing sales orders, Sending Forecast report to planning Team, invoice processing, booking management, Customer details Maintenance, report generation for sales and credit analysis. The project involved working in a production support environment for various Mainframe applications and systems. This also included several enhancements in existing systems that were involved in different phases of the software development cycle.

**Project Name: Order Management - Production Support (Feb 20 – Jun 15)****Team Size: 12**

Description: Freescale Semiconductor is one of the major manufacturers and designers of embedded hardware. This engagement level project involves in making IT support across several technologies. Order Management Team deals with issues pertaining to Sales orders and Billing.

**Role and Contribution:**

- Involved in the analysis of incidents and provided round the clock support of the Order Management Systems.
- Resolving tickets raised by users, within strict SLA.
- Documentation of programs and Applications.
- Involved in Enhancements which required Analysis of the Mainframe Order Management Applications and successfully implemented the changes as per the requirement gathered by Client BA.
- Involved in Year-end activities that includes generating date routines for the billing, analyze and reschedule the job as per the current changes in the Year end and ensuring all the schedule changes are perfect without any impact to the business and results in smooth financial year end closure. Perform the reverse back to normal schedules at the start of Year.
- Regularly interacting with clients and prepare weekly forecast sheet for the team.
- Involved in TL activities like preparing the SLA report, Problem cause and category analysis, Active application sheet, KT Plan, SMR PPT and preparing FTE sheet.

**Key Achievements:** Resolved high priority incidents and job abends within SLA and implemented the change request with Zero Defect.

**Project Name: Minimum Dollar Value Project**

(Mar 13 – Oct 13)

**Team Size: 12**

Description: The Sales Quote, Sales order & ship and Credit application is a DB2 legacy application designed to place orders of required Quantity and all orders are eligible for Free shipping. Freescale suffered severe revenue loss while shipping the products (Less Quantity of product or Product worthless value). This application is enhanced such that shipping is free only when the order value is greater than Minimum dollar value and one more functionality is added to allow the premium customers to get exemption from Minimum dollar value.

**Role and Contribution:**

- Modified online and batch modules that would validate the product, customer level set up from DB2 Tables and allow creation of the order.
- Created 3 new COBOL modules, 5 JCL.
- Involved in supporting Data setup.
- Involved in unit testing.
- Provided support during ITAT and UAT.
- Involved in Post implementation production support.

**Key Achievements:** Achieved Star and Bravo Award in this enhancement project on completion of it with zero defects. Successfully implemented the online modules assigned without any prior experience. We also got \$200 as a gift for the successful implementation of this project.

**Project Name: Statistical pricing Project**

(Nov 13 – Apr 14)

Team Size: 12

Description: Zilliant is a third party pricing solution tool used by Freescale for fixing the price of the product based on the market condition. In order to provide better visibility regarding pricing details, enhance the pricing logic and to eliminate the third party system this was undertaken. The system was enhanced to display various prices on online screens, pricing logic was changed to compete with the competitors and pricing solutions was done internally by people based on the historical and statistical data.

Role and Contribution:

- Involved in analysis of the Modules and jobs to achieve the goal.
- Modified 14 modules including batch and online.
- Involved in modifying 3 COBOL modules
- Involved in creating 3 new entities.
- Involved in unit testing.
- Provided support during ITAT and UAT.
- Involved in Post implementation production support.

Key Achievements: Successfully implemented the statistical pricing project.

**Project Name: CO Design Enhancement**

(Jun 14 – Nov 14)

Team Size: 9

Description: This project was done for providing better bonus for the distributors of Asia Pacific, Japan, America and Europe regions.

Role and Contribution:

- Modified 4 online screens.
- Modified 9 batch modules and created 2 new JCL.
- Involved in creating 3 new entities.
- Involved in unit testing.
- Provided support during ITAT and UAT.
- Assisted in One time Data setup.
- Involved in Post implementation production support.

**Computer Sciences Corporation (Jun 15 – Apr 16)**

Designation – Programmer Analyst

Supported for CAFT Team which deals with accounting, Utility bill management, Energy management, Vendor payment system. The project involved working in application maintenance and development of various Mainframe applications. This also included several enhancements in existing systems that were involved in different phases of the software development cycle.

**Project Name: CAFT – AMD services**

(Jun 15 – Apr 16)

Team Size: 4

Description: Kroger is one of the major Retailer in US market. This engagement provides IT support across various technologies. CAFT deals with issues pertaining to accounting and finance (Mainframe applications).

**Role and Contribution:**

- Involved in major enhancement of Vendor payment system, Southwest split and continuous interaction with customers.
- Resolving tickets raised by users, within strict SLA.

**Project Name: Third type payment , southwest split & SSN masking.**

(Jun 15 – Apr 16)

Team Size: 5

Description: This project was done to enhance vendor payment system to accommodate the new payment type and pay the vendor through the same. Duration of this project was approx. 10 months.

**Role and Contribution for Third type payment**

- Requirement gathering
- Impact analysis
- Preparing Design
- Coding
- Unit testing
- Provided support during ITAT and UAT.
- Involved in predeployment and deployment activities
- Assisted in One time Data setup.
- Involved in Post implementation production support.

**Role and Contribution for Southwest Split:**

Description: This project involved data conversion and new setup.

- Requirement gathering
- Impact analysis
- Wrote many onetime conversion programs to assist data conversion
- Provided support during ITAT and UAT.
- Involved in predeployment and post deployment activities

### Role and Contribution for SSN masking

Description: This was done to mask SSN number on mainframe screen.

- Design
- Coding
- Unit testing
- Provided support during ITAT and UAT.
- Involved in predeployment and deployment activities
- Involved in Post implementation production support.

### Virtusa(Apr 16 – Till Date)

Designation – Software Consultant-Specialist

Supported for SCMSFG team which deals with file transmission setup and working in application maintenance and development of various Mainframe applications. This also included several enhancements in existing systems that were involved in different phases of the software development cycle.

### Project Name: Transmission services (SFG)

(Apr 16 –Till date)

Team Size: 9

Description: Firstdata is major payment solution provider in US market. This engagement provides IT support across various technologies. SCM-SFG deals building file transmissions, modification of transmissions, migration of transmissions from one platform to another and enhancing the system.

### Role and Contribution:

- Coordination with onsite team and managing a team of 9.
- Direct involvement in requirement gathering from users, SOW creation for new projects.
- Presenting Metrics details to clients on monthly basis.
- Weekly improvement and automation calls with clients.
- Provided Automation solution in REXX & VB macros
- Resolving tickets raised by users, within strict SLA
- Building file transmission JCL and Transmission cards
- Assisting transmission failures on NDM, Messageway and Sterling file gateway.
- New onboarding of clients on sterling file gateway using C:D, SFTP and FTPS protocols.
- Conversion of messageway transmissions to sterling file gateway.
- Writing new process for NDM
- Modification and building new programs
- Data conversions and mass JCL building using rexx scripting.
- Unit testing
- Support in UAT
- Involved in predeployment and deployment activities.

- Post implementation production support.
- Created sharepoint list for effective tracking of utilization.
- Created mainframe tool using rexx and ISPF panels to build the mainframe cards by providing inputs via panel.
- Worked actively on Messagway migration Project Proposal/SOW/Project Execution plan.
- VBA script to automate bulk updation of Custom table for SFG setups.
- Designed One stop mainframe panel to access the production libraries
- VBA script to consolidate server reports for discovering eligible servers for TLS 1.2 Patching upgrade for Connect Direct applications.

### Academic Profile

Qualification	University / Board	Year	Percentage
B. Tech	Sastra University	2012	77.43
H.S.C	Tamil Nadu State Board	2008	90.75
Matriculation	Matriculation	2002	87.4

### Accomplishments / Awards

Sr. No.	Achievements/Awards
1	Bravo award for MDV project
2	Star award during the quarter jan-March14
3	Spot award for the year 2015-2016
4	Best performer award for providing rexx automation

### Personal Details

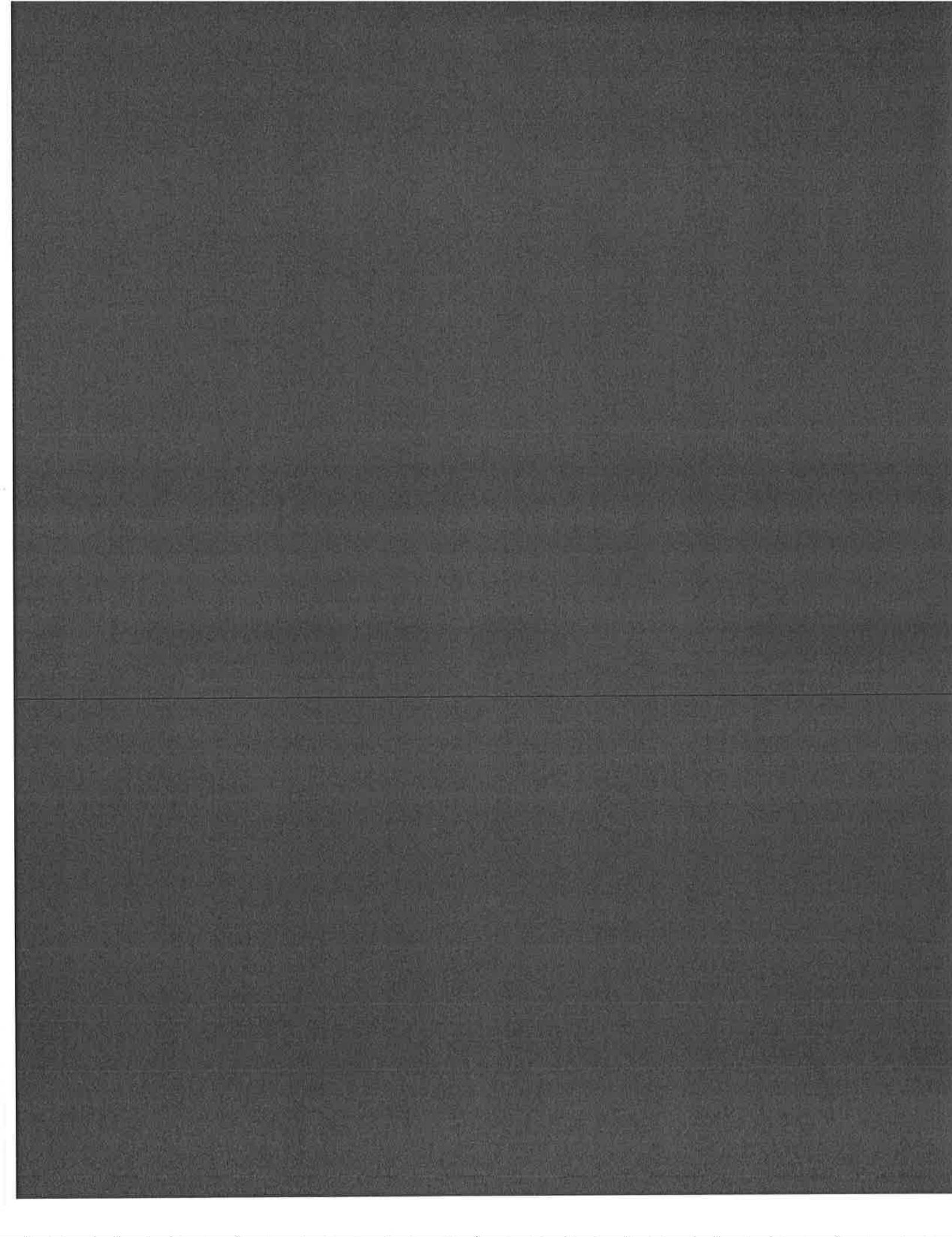
Date of Birth	29 Oct 1990
Marital Status	Single
Nationality	Indian
Permanent Address	59-A, Thuvarankuruchi North Street, kumbakonam, Tanjore district, TamilNadu

### Declaration

I declare that above information is true and fair to the best of my knowledge.

**SIGNATURE  
(Aravindan T.K)**





March 30, 2018



**VIA FEDERAL EXPRESS**

USCIS VSC  
Attn: H-1B Cap

**In Re:**           **Virtusa Corporation - Petitioner**  
                         Aravindan Thakku Kennedy - Beneficiary  
**H-1B Petition Cap Subject**

Dear Sir/Madam:

This letter is submitted in support of Virtusa Corporation's petition to employ Aravindan Thakku Kennedy(hereinafter Beneficiary) as an H-1B professional.

**Virtusa Corporation – Who we are**

Virtusa Corporation (NASDAQ: VRTU) is a global information technology (IT) services company providing IT consulting, technology and outsourcing services. Virtusa serves Global 2000 enterprises and the leading software vendors in communications & technology; banking, financial services & insurance; and media & information industries. Virtusa builds and sustains application platforms for its clients that create competitive advantage. Using Virtusa's enhanced global delivery model, innovative software platforming approach and industry expertise, Virtusa provides cost-effective services that enable its clients to use IT to enhance business performance, accelerate time-to-market, increase productivity and improve customer service.

Founded in 1996 and headquartered in Southborough, Massachusetts, Virtusa has offices and technology centers throughout the U.S. Europe and Asia. Virtusa employs a staff of over 18,000 worldwide. Virtusa Corporation is a U.S. corporation based in Southborough, Massachusetts and is the parent company to a number of subsidiary companies globally, including our recently acquired Polaris Consulting & Services Pvt., Ltd. Here in the U.S. we employ a staff of approximately 1,912 employees most of whom are business executives, sales executives, senior managers and specialized knowledge staff. We employ a global delivery model which leverages a highly-efficient onsite to off-shore service delivery mix, with the bulk of our project staff working off-shore, while our project management staff and key technical and specialized knowledge staff work on-shore and are typically US workers or hold H-1B or L-1 visa status.

The bulk of our engineering and hands-on software development activities (approximately 80%) are carried out at our Global Technology Centers: located in Hyderabad, Chennai, Bangalore and Pune, India as well as our Global Technology Center in Colombo, Sri Lanka. This business model allows us to provide U.S. companies with quality software development and IT services at a reduced cost, thereby enhancing their competitiveness and profitability. Virtusa's present day revenues are more than \$858,000,000 per year with the bulk of that revenue being generated here in the United States.

Our projects range in size from \$500,000 to well over \$5 million with larger projects extending out over a period of several years with as many as 200 to 300 engineers deployed on their various components.

Virtusa's representative clients include large enterprises such as Aetna Life Insurance Company, AIG, British Telecommunications, JPMorgan Chase Bank, N.A. and Thomson Healthcare, Inc.

## Who We Are Not

**Virtusa is not a body shop, employment contractor or placement agency.** We deliver large scale software solutions to some of America's largest corporations with the bulk (more than 80%) of our services performed at our various development centers in Asia. We also **maintain full service development and training centers known as Centers of Excellence here in the US where we train our new employees in our proprietary delivery and development processes**, sharpen their domain skills and have them work internally on responding to requests for proposals and proof of concepts as part of our sales and marketing efforts. The majority of our teams here in the US, which represent less than fifteen (15%) of our global resources, are either working on internal projects or proposals at our Centers of Excellence; or serve as project managers, technical managers and other highly skilled software professionals working on specific Virtusa projects for our many clients. These projects are carried out in a distributed environment with team members both on and off-shore, providing an accelerated 24/7 solution development environment. Our solutions are our products, and as previously noted can cost as much as \$5 million to develop and deliver to our clients. Demand for our services as well as our revenue has more than doubled over the past five (5) years and continues to grow at a double digit pace requiring the constant recruitment and hiring of the most qualified software professionals available, both here in the US and from abroad.

**All of the above facts can be confirmed by reviewing our 10-K filing with the US Securities and Exchange Commission, a copy of which is submitted herewith.**

## About the Position

Virtusa Corporation experiences a need for the temporary services of a Computer Systems Engineer 1 to meet our project's needs under a Master Service Agreement between First Data Corporation and Virtusa. In the position of Computer Systems Engineer 1 under the internal designation of Consultant-Specialist, Beneficiary will perform the following duties:

- Serve as part of a team of software engineers engaged in development of large scale projects working in a distributed environment under the direct supervision of more senior engineering staff
- Conduct basic component level work estimation and assist in project plan development, execution and change control
- Conduct basic component level systems design and development
- Develop prototypes and frameworks to contribute to overall technical solution
- Conduct unit and integration testing, including development of test models
- Conduct manual or automated testing of software developed before delivery to QA
- Fix bugs reported by QA for the software developed

In accordance with our contractual obligations to deliver large scale software development activities in a globally distributed environment, utilizing resources located both on and off-shore, Beneficiary is required to be based at locations noted on the itinerary accompanying our petition. An LCA has been filed and posted at each required jobsite.



**Placement of Beneficiary at Unaffiliated Employer is a  
Placement Made in Connection with the provision of a product or service  
and Not Labor for Hire**

As previously noted Petition is not a Job Shop, nor Placement Agency. Beneficiary will be performing services as part of a large scale distributed development project which utilizes both on and off-shore resources, with the majority of project resources working off-shore. Contractual documentation of this project is submitted herewith and demonstrates that Beneficiary will not provide labor for hire, nor will Beneficiary operate under the direction or control of our client, but instead will be managed by a Virtusa Manager located on site.

**Position qualifies as a specialty occupation**

The above job/duties in our company clearly qualify as a “specialty occupation” within the meaning of applicable regulations. Virtusa deals with Fortune 500 companies utilizing leading-edge technology. Our clients’ information technology systems are extremely large and complex involving a variety of sometime incompatible types of hardware, software, operating systems and protocol suites, serving thousands of users. Thus to perform the above job duties in serving these clients requires the technical and theoretical underpinnings provided by at least a Bachelor’s Degree or equivalent in computer science, computer information systems, information technology, computer engineering, electrical, electronics and communications, or engineering, or related technical field. In our industry (distributed IT development) a bachelor’s degree in one of the aforementioned or related fields is a standard minimum requirement for the job offered. We do not employ individuals who do not possess an earned bachelor’s degree or its equivalent as gained through progressively more responsible experience within the profession.

**About Beneficiary**

Beneficiary is an ideal candidate to fill our temporary need for this position. Beneficiary’s degree, transcript and evaluation of US equivalency is submitted along with our petition.

**Sufficient Specialty Occupation Work is Available**

There is sufficient specialty occupation work available to keep the Beneficiary busy throughout the duration of the requested H-1B validity period. Virtusa, Inc. is a public company whose stock is traded on the NASDAQ Global Market under the symbol VRTU. Our 10-K filing with the SEC a copy of which is enclosed confirms the following:

- a. Virtusa is a publicly traded company which provides end-to-end information technology (IT) services to Global 2000 Companies;
- b. Virtusa services Global 2000 enterprises and builds and sustains application platforms for its clients (its services). Virtusa’s projects range in size from \$500,000 to over \$5,000,000 and the company has master services agreements with large companies such as AIG, JP Morgan Chase, CitiGroup and New York Life Insurance.
- c. Virtusa operates off-shore delivery centers in India, Sri Lanka, Singapore, Malaysia and the Philippines and a “near shore” delivery centers in the US;
- d. The sales cycle for obtaining the large scale projects that Virtusa engages in “often includes initiating contact with a prospective client, understanding the prospective clients business challenges and opportunities, performing discover

or assessment activities, submitting proposals, providing client case studies and references and developing proofs-of-concept or solution prototypes?

- e. As of March 31, 2017 Virtusa had 17,750 team members worldwide (that number includes approximately 6,000 resources employed by Polaris Consulting, an Indian based IT consulting firm acquired by Virtusa in 2015).
- f. Virtusa's revenue has grown each of the last six years, increasing more than five fold from \$164,365,000 in 2010 to \$858,000,000 in 2017;
- g. Virtusa's profit has grown from \$12,129,000 in 2010 to \$16,257,000 in 2016;
- h. A risk factor addressed in the 10-K, which is a public disclosure to potential investors, includes its ability to attract and retain sufficient staff to meet its growing demand for services; as well as its difficult in obtaining sufficient US and UK visas to meet such demand.

As such, it has sufficient specialty occupation professional IT work (both internally and off-site) for the Beneficiary for the requested duration of employment.

#### Right to Control

Beneficiary will remain at all times a direct employee of Virtusa regardless of whether the Beneficiary spends some or all of his or her time at a specific client site. Virtusa has a number of ongoing contracts with US based corporate clients and there are adequate business needs for qualified professionals.

Virtusa, throughout the term of Beneficiary's employment, maintain the requisite employer/employee relationship with Beneficiary, and will retain sole and exclusive authority to hire, pay, fire, supervise or otherwise control Beneficiary's work activities. Beneficiary's work will be subject to Virtusa manager's approval. Virtusa will be responsible for administering the Beneficiary's project work time and salary payment. Virtusa will pay the Beneficiary's salary, and will issue Beneficiary a Form W-2 at the end of the calendar year. Beneficiary will submit timesheets documenting work performed during each regular pay period. Virtusa will review Beneficiary's performance, pay and benefits at regular intervals based on feedback provided by Beneficiary's supervisor at Virtusa. For further details as to Virtusa's employment relationship with Beneficiary please refer to Virtusa's Employee Handbook, a copy of which is submitted herewith.

Virtusa will provide Beneficiary with all tools and essentials (such as Virtusa's products, services, methodologies and software implementation guidelines that Virtusa has developed) that Beneficiary needs to perform the duties of this position. Virtusa will design Beneficiary's weekly project and work schedules and activities to be performed (such as tasks, activities, support request, bug fixes, issues resolutions), etc. First Data Corporation will not have the ability to assign Beneficiary to a different employer or location, nor will it have the ability to alter Beneficiary's work schedule or projects in any way. Beneficiary will work on a full-time basis, be paid by Virtusa, and Virtusa will deduct and withhold from Beneficiary's pay all sums required of employer by US law.



### Additional Conditions of Employment

In the position of Computer Systems Engineer 1, (under the internal designation of Consultant-Specialist) Beneficiary will be paid a salary of not less than \$60,000 per year and will receive our standard benefits package which includes health insurance. We anticipate that it will take approximately three (3) years for Beneficiary to perform their duties with us here at Virtusa Corporation.

### Conclusion

In summary Virtusa Corporation is a US employer, which has a temporary need for the service of an individual performing a specialty occupation, to meet its present and ongoing business needs. Beneficiary qualifies as a worker within a “specialty occupation” as that term is defined by 8 CFR sec. 214.2(h)(4)(iii)(A) and possesses the equivalent of a US bachelor’s degree either directly through foreign education, or through a combination of education, experience or training in a field requiring the theoretical and practical application of a body of highly specialized knowledge, or in a closely related field. Both a copy of that degree and an evaluation of US equivalency has been submitted herewith. A labor condition application has been filed, posted, certified by DOL and is submitted herewith in accordance with both USCIS and DOL regulation.

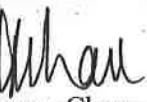
Wherefore we respectfully request that you grant our petition to employ Beneficiary as an H-1B specialty worker.

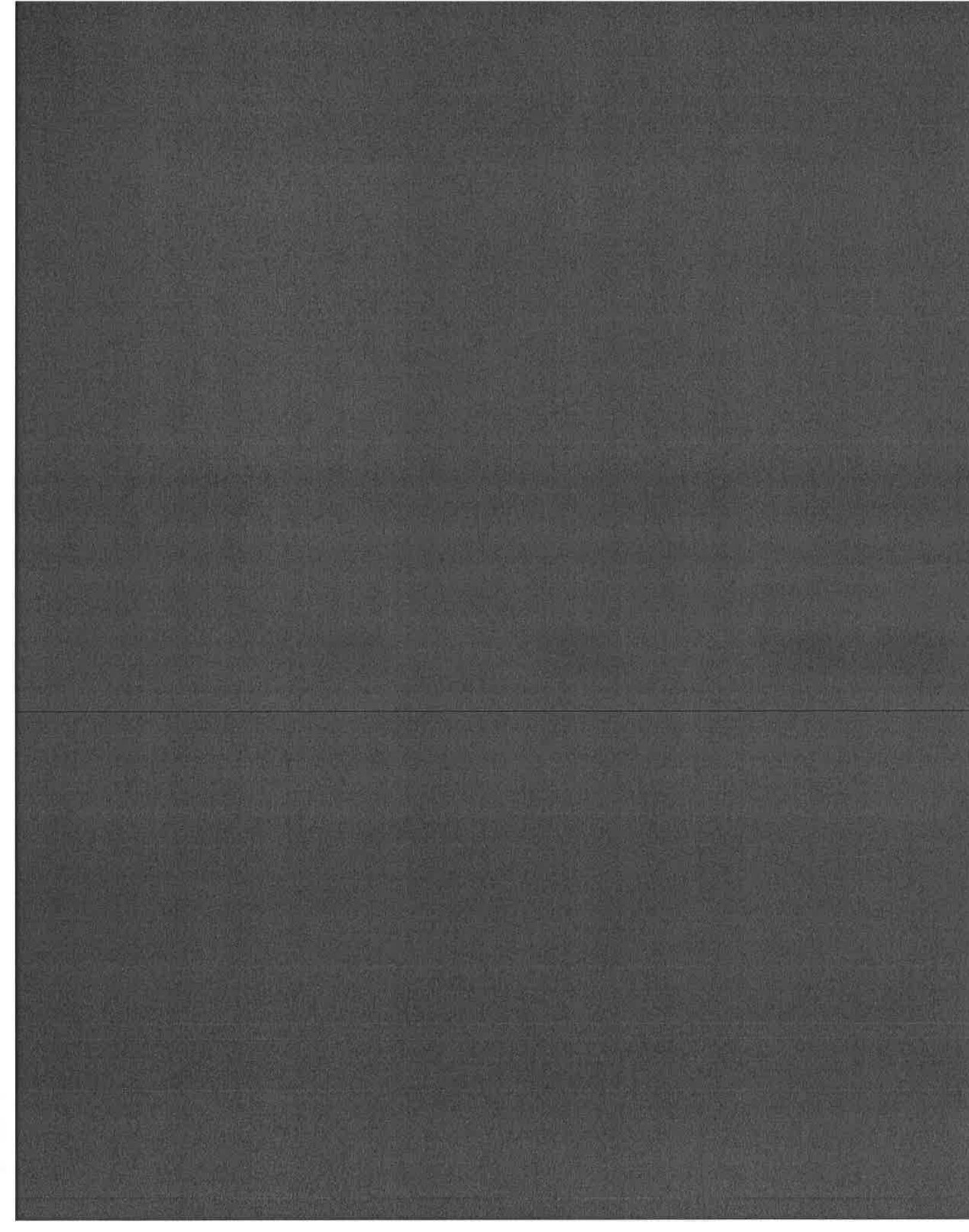
### Attestation

I hereby affirm and attest that I have the legal authority to file the accompanying petition on behalf of Virtusa Corporation, that said company is aware of all the facts stated in the petition and accompanying documents of support, and that all of the facts stated therein, are factual statements and are true, complete and correct.

Thank you for your consideration of this request.

Sincerely,

  
Quyen Chau,  
Senior Manager – HR



**"** We apply domain and technology innovation to accelerate business outcomes for our clients. **"**

Kris Canekeratne, Chairman & CEO

**19**  
Countries | **50+**  
Locations

**19,062**  
World Class Professionals

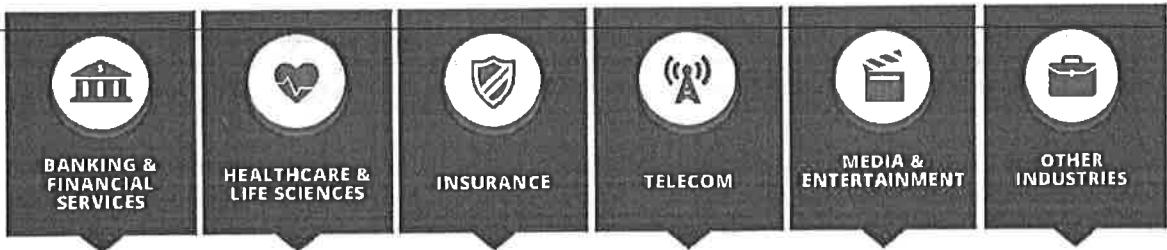
**200**  
Active Clients

**858**  
Million FY17 Revenues

**VRTU**  
Public  
NASDAQ: VRTU

Virtusa Corporation is a leading worldwide provider of information technology (IT) consulting and outsourcing services. We help accelerate business outcomes for Global 2000 businesses in banking and financial services, insurance, healthcare, telecommunications and media.

Through a proven platforming methodology, domain expertise and technology innovation, Virtusa delivers targeted business outcomes through its differentiated solutions. Virtusa's operational excellence solutions allow businesses to improve business and operating efficiencies, and reduce costs using automation, effort compression and simplification. Virtusa's digital transformation and innovation solutions empower companies to accelerate business growth by reimagining the consumer experience, and creating lasting value.



Retail Banking	Healthcare Payers Providers	Property & Casualty	Fixed Line	Broadcasting	Hospitality & Leisure
Corporate Banking	Solution Vendors Government Health	Life Insurance & Annuities	Wireless	Publishing	Transportation & Logistics
Payments & Cards	Life Sciences Pharma and Biotech	Wealth & Retirement Services	Equipment Manufacturers	Cable Networks	Manufacturing, Retail & Distribution
Capital Markets	Medical Devices & Diagnostics Distribution		Content Providers	Information Services	
Risk & Compliance					

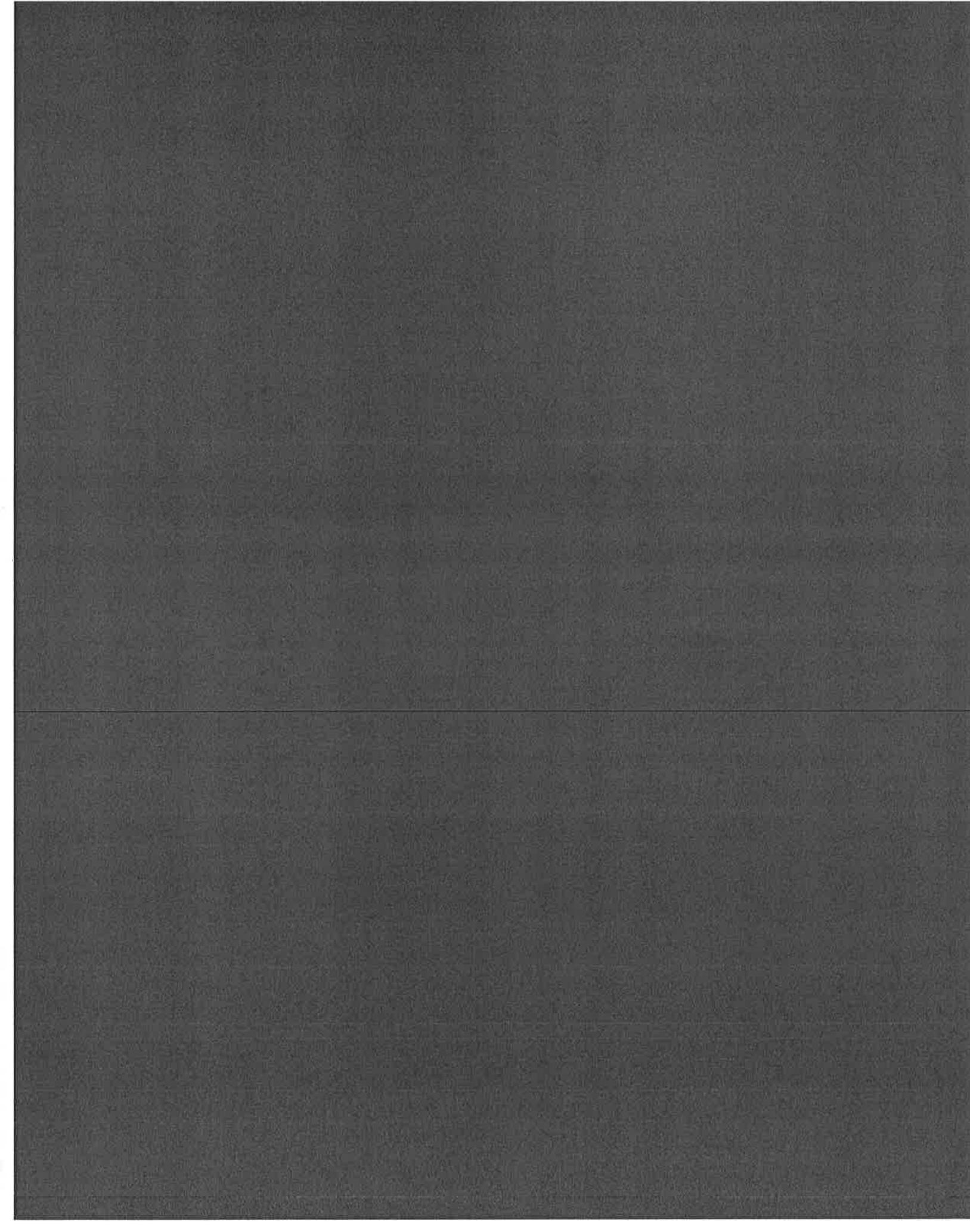


**BUSINESS TRANSFORMATION** (Business Consulting, BPM, ERP, CRM)

**DIGITAL SOLUTIONS** (Customer Experience Management, Mobility, UX/UI, Enterprise Information Management, Cloud & IoT)

**OUTSOURCING** (Application Services, Infrastructure Management, Independent Validation Services)

**CORE SERVICES** (Java/.NET and Program Management)



**UNITED STATES  
SECURITIES AND EXCHANGE COMMISSION**

Form 10-K

VIRTUSA CORPORATION

ANNUAL REPORT ON FORM 10-K  
Fiscal Year Ended March 31, 2017  
TABLE OF CONTENTS



ANNUAL REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE  
SECURITIES EXCHANGE ACT OF 1934

For the fiscal year ended March 31, 2017

Report filed under Section 13 or 15(d) of the Securities Exchange Act of 1934

TRANSITION REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE  
SECURITIES EXCHANGE ACT OF 1934

For the transition period from to

Commission File Number 001-32623

**VIRTUSA CORPORATION**

(Exact Name of Registrant as Specified in its Charter)

Delaware  
(State or Other Jurisdiction of  
Incorporation or Organization)

2000 West Park Drive  
(Address of Principal Executive Office)

Wellesley, Massachusetts 02481  
(City, State and Zip Code)

(800) 238-7100  
(Registrant's telephone number, including area code)

04-251242  
(I.R.S. Employer Identification Number)

The NASDAQ Stock Market LLC  
(Name of Exchange on which registered)

Title of Each Class  
(Name of each class of securities registered)

Common Stock, \$0.01 par value per share  
(Name of each class of securities registered)

Note:  
(Name of each class of securities registered)

Indicate by check mark if the registrant is well-known seasoned issuer, as defined in Rule 405 of the Securities Act. Yes  No

Note—Checking this box will not relieve any registrant required to file reports pursuant to Section 13 or 15(d) of the Exchange Act from her obligations under these Sections.

Indicate by check mark whether the registrant (1) has filed all reports required to be filed by Section 13 or 15(d) of the Securities Exchange Act of 1934 during the preceding 12 months (or for such shorter period that the registrant was required to file such reports), and (2) has been subject to such filing requirement for the past 90 days. Yes  No

Indicate by check mark whether the registrant has submitted electronically and posted on its corporate Web site, if any, every interactive data file required to be submitted pursuant to Rule 405 of Regulation S-T (172b.45 of this chapter) during the preceding 12 months (or such shorter period that the registrant was required to submit and post such files). Yes  No   
Indicate by check mark if disclosure of delinquent filers pursuant to Item 404 of Regulation S-K (172b.45 of this chapter) is not contained herein, and will not be contained in the statement of registrant's knowledge. Indefinitive proxy or information statements incorporated by reference in Part III of this Form 10-K or any amendment to this Form 10-K.

Indicate by check mark whether the registrant is a large accelerated filer, an accelerated filer, a non-accelerated filer, a smaller reporting company or an emerging growth company. See the definitions of "large accelerated filer," "accelerated filer," "smaller reporting company" and "emerging growth company" in Rule 12b-2 of the Exchange Act. (Check one.)

Large accelerated filer

Accelerated filer

Non-accelerated filer

Smaller reporting company

Emerging growth company

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(e) of the Exchange Act.

Indicate by check mark whether the registrant is a shell company (as defined in Rule 12b-2 of the Exchange Act). Yes  No

The aggregate market value of the registrant's voting and non-voting shares of common stock held by non-affiliates of the registrant on September 30, 2016, based on \$24.68 per share, the last reported sale price on the Nasdaq Global Select Market on that date, was \$65,106,351.

The number of shares outstanding of each of the issuer's classes of common stock as of May 23, 2017:

Class  
(Title of class)

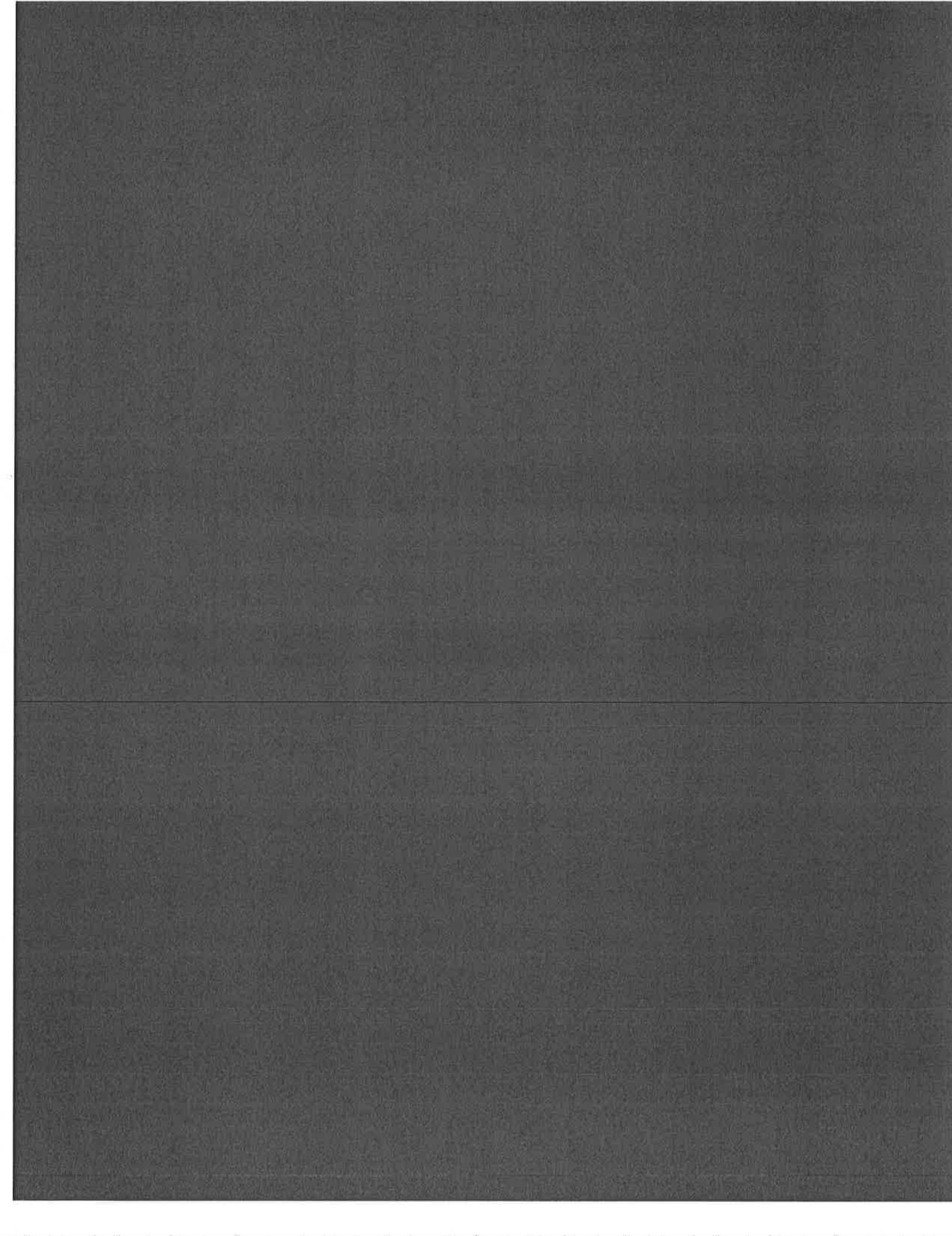
Number of Shares  
(Number of shares)

\$0.01 par value \$001 per share  
(Par value per share)

30,119,422  
(Number of shares)

DOCUMENTS INCORPORATED BY REFERENCE

The registrant intends to file a definitive Proxy Statement for its 2017 annual meeting of stockholders pursuant to Regulation 14A within 120 days of the end of the fiscal year ended March 31, 2017. Portions of the registrant's Proxy Statement are incorporated by reference into Part III of this Form 10-K, with the exception of the portions of the Proxy Statement expressly incorporated by reference, which document shall not be deemed filed with this Form 10-K.

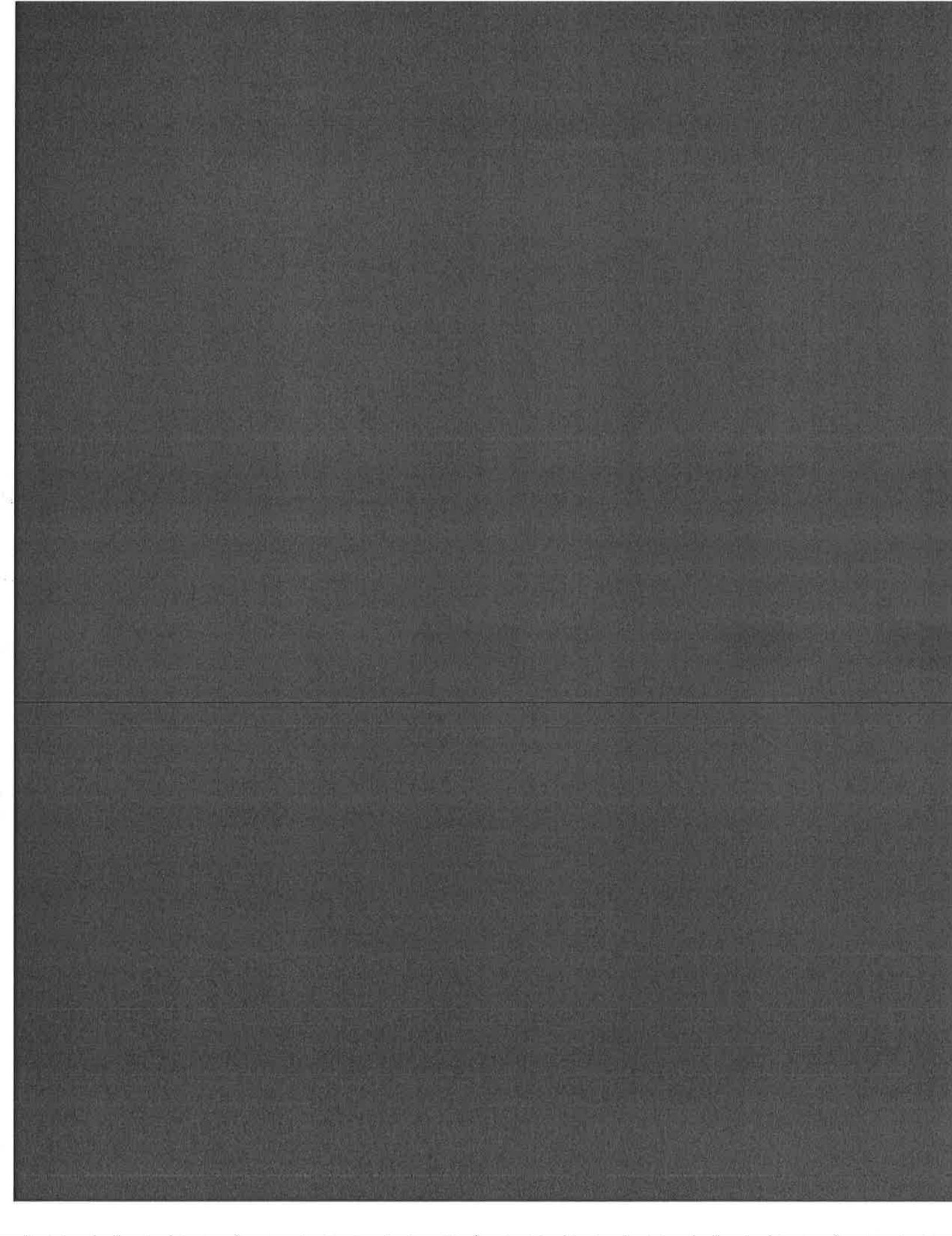




Virtusan Handbook  
United States

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January 1, 2017



## SERVICES AGREEMENT

THIS SERVICES AGREEMENT ("Agreement") by and between First Data Corporation, a Delaware corporation, with a principal place of business at 5565 Glenridge Connector, N.E., Atlanta, GA 30342 ("Customer") and Virtusa Corporation, a Delaware corporation, with a principal place of business at 2000 West Park Drive, Westborough MA 01581 ("Seller") is made as of the Effective Date.

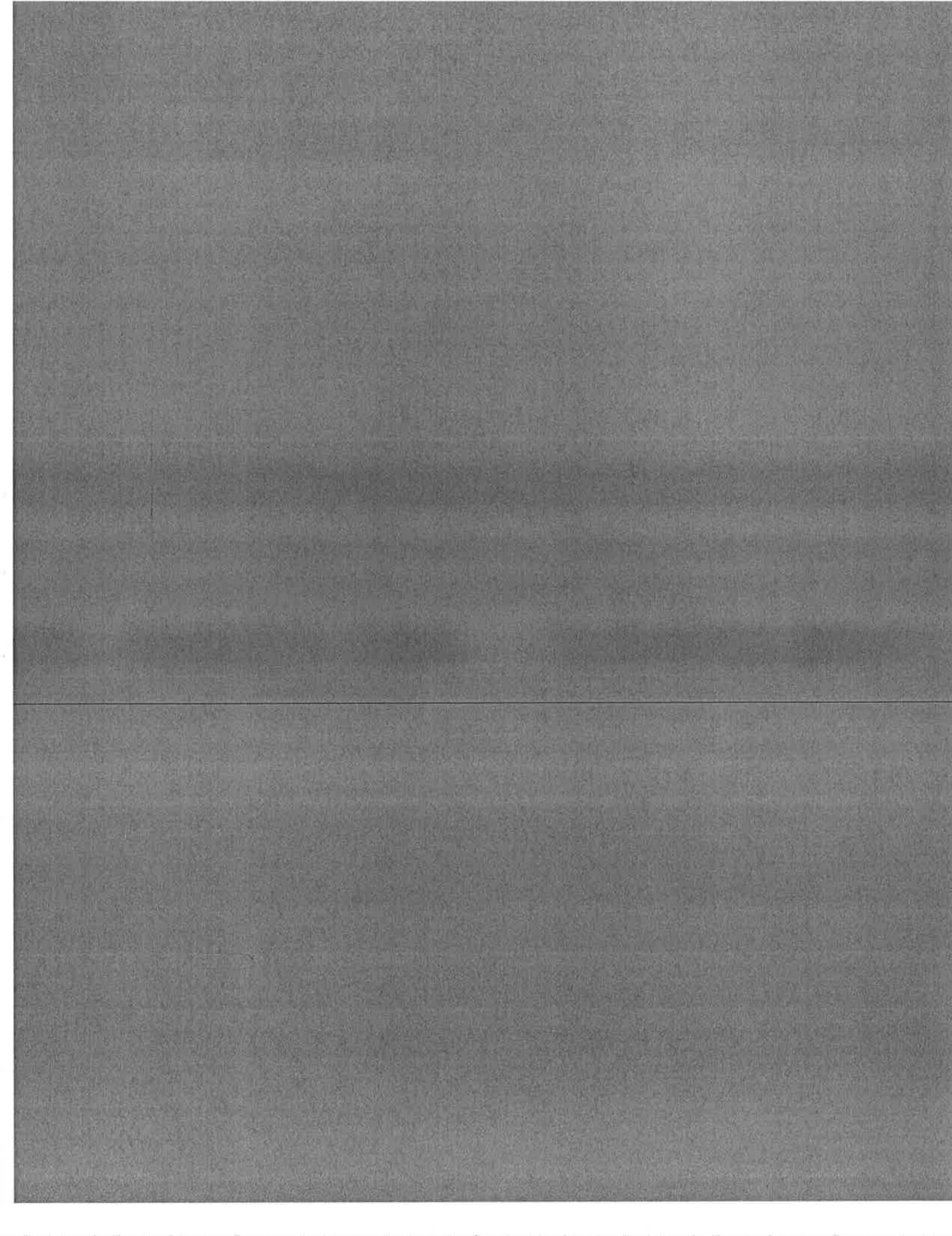
WHEREAS, Seller is in the business of providing certain services (the "Services");

WHEREAS, Customer desires to retain Seller from time to time to provide Services in connection with a project or projects as set forth in individual Statements of Work ("Project") pursuant to the terms and conditions contained herein.

NOW, THEREFORE, in consideration of the promises set forth below, and for other valuable consideration, the receipt of which is hereby acknowledged, the parties agree as follows:

1. Definitions.

- a. "Acceptance" shall have the meaning as set forth in Section 4.
- b. "Affected Seller Personnel" means Affected Seller Personnel Category 1 and Affected Seller Personnel Category 2, collectively and individually.
- c. "Affected Seller Personnel Category 1" means Seller Personnel who will have unescorted physical access to any Customer premise.
- d. "Affected Seller Personnel Category 2" means Seller Personnel who will (i) be issued a user name and password to access any Customer information technology network system or equipment; (ii) require access to any Client Customer/Consumer Information or Restricted Client Confidential Information; or (iii) require access to Customer's computer networks, information systems, databases, or secure facilities containing Client Customer/Consumer Information or Restricted Client Confidential Information under circumstances that would permit modifications to same.
- e. "Affiliate" means any entity controlling, controlled by, or under common control with Customer or First Data Corporation, where the root word "control" means (i) owning forty percent or more of an entity's voting securities, partnership interests, membership interests or the like, (ii) having the right to appoint forty percent or more of an entity's Board of Directors or similar governing body or (iii) having the right to forty percent or more of the profits of an entity or forty percent or more of the assets of an entity upon dissolution.
- f. "Agency" shall have the meaning as set forth in Section 6(e).
- g. "BCP" (Business Continuity Plan) means Seller's disaster recovery arrangements in place to prevent any disaster affecting Seller from adversely affecting Seller's performance obligations hereunder.
- h. "Change" means any alteration, modification, expansion or change to the scope of the Project requested by either party.
- i. "Change Order" means a project change order in substantially the form attached hereto as Exhibit B detailing the Change and any other information to enable the parties to implement the Change.





विदेशों में हने वाले भारतीय नागरिकों को सलाह दी जाती है कि वे निकटतम भारतीय नियन्त्रण/केन्द्र में अपना पर्सनलिटी प्राप्त करें।

#### चेतावनी

यह पासपोर्ट भारत सरकार की समर्पित है। इस पासपोर्ट के बारे में जिसी पासपोर्ट अधिकारी से इसके धारक को चाहिे कोई सूचना मिलती है जिसमें पासपोर्ट लौटने की मांग भी शामिल है तो उसका तुरंत अनुपालन किया जाए।

यह पासपोर्ट भारत द्वारा जिसी भी देश से बाहर न भेजा जाए। यह पासपोर्ट घारक या अप्राप्तिकृत व्यक्ति के कब्जे में होना चाहिए। इसमें किसी भी प्रकार का फोटोवर्ट या विफ़ाट नहीं की जानी चाहिए।  
पासपोर्ट युग्म हो जाने, जोसी जोने अथवा नष्ट हो जाने पर उसकी सूचना भारत ने सबसे वित्तनम पासपोर्ट अधिकारी को अख्ता यादि पासपोर्ट लौटक दिया ये है तो निकटतम भारतीय प्रिस्ट/केन्द्र और स्थानीय पुलिस को तत्काल ही जानी चाहिए। विदेश पूछताछ के बाद ही उपलेखपत्र पासपोर्ट बारी किया जाएगा।

#### REGISTRATION

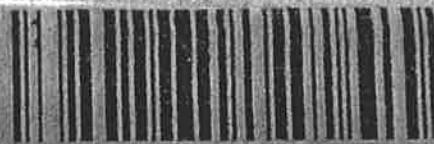
INDIAN CITIZEN'S RESIDENT ABROAD ARE ADVISED TO REGISTER THEMSELVES AT THE NEAREST INDIAN MISSION/POST.

#### CAUTION

THIS PASSPORT IS THE PROPERTY OF THE GOVERNMENT OF INDIA. ANY COMMUNICATION RECEIVED BY THE HOLDER FROM A PASSPORT AUTHORITY REGARDING THIS PASSPORT, INCLUDING DEMAND FOR ITS SURRENDER, SHOULD BE COMPLIED WITH IMMEDIATELY.

THIS PASSPORT SHOULD NOT BE SENT OUT OF ANY COUNTRY BY POST. THIS SHOULD BE IN THE CUSTODY EITHER OF THE HOLDER OR OF A PERSON AUTHORISED BY THE HOLDER. IT MUST NOT BE ALTERED OR MUTILATED IN ANY WAY.

LOSS, THEFT OR DESTRUCTION OF THIS PASSPORT SHOULD BE IMMEDIATELY REPORTED TO THE NEAREST PASSPORT AUTHORITY IN INDIA OR IF THE HOLDER IS ABROAD, TO THE NEAREST INDIAN MISSION/POST AND TO THE LOCAL POLICE. ONLY AFTER EXHAUSTIVE ENQUIRIES SHALL A DUPLICATE PASSPORT BE ISSUED.



J7285026

पिता / यान्त्रिक अधिकारक का नाम / Name of Father / Legal Guardian

KENNEDY

माता का नाम / Name of Mother

SUMATHY

पति या पत्नी का नाम / Name of Spouse

पता / Address

NO 36, THUVARANKURICHI NORTH ST

KUMBAKONAM TALUK, THANJAVUR-612001

TAMIL NADU, INDIA

पुराने पासपोर्ट का नं. और इसके जारी होने की तिथि एवं स्थान / Old Passport No. with Date and Place of Issue

फाईल नं. / File No.

TR1061353183612



# *Park Evaluations*

## **EVALUATION OF ACADEMICS AND EXPERIENCE**

**February 14, 2018**

**Name:** **KENNEDY, ARAVINDAN THAKKU**

**Institution:** SASTRA University  
**Degree:** Bachelor of Technology  
**Date of Award:** 2012

**Country:** India

United States Academic Equivalent based exclusively on Academics:

### **BACHELOR OF SCIENCE IN MECHANICAL ENGINEERING**

**Qualifying Experience and Training:** **Five Years**

United States Equivalent based upon a combination of Academics and Professional experience:

**DEGREE:** **BACHELOR OF SCIENCE IN  
COMPUTER INFORMATION SYSTEMS**

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The following is a credential evaluation of Mr. Aravindan Thakku Kennedy's academic and professional experience.

### **ACADEMICS**

Graduation from high school and competitive entrance examinations are requirements for admission and enrollment in SASTRA University; SASTRA University is an accredited institution of higher learning in India. Following his enrollment in the University, Mr. Kennedy completed academic coursework, and in 2012, he completed examinations and was awarded a Bachelor of Technology degree. The diploma demonstrates that he completed his four year course of studies at SASTRA University.

Mr. Kennedy completed coursework in general studies and in his area of concentration, Mechanical Engineering, which leads to a degree from the University. General studies coursework includes coursework in English, mathematics, the sciences, and the social sciences, which are a requisite component of a Bachelor's degree from an institution of higher education in the United States.

**3000 Marcus Ave – Suite 1E6 – Lake Success, NY 11042**  
**Phone: (212) 581-8877 – Fax: (212) 581-8875**

Additionally, Mr. Kennedy completed coursework in his area of concentration, Mechanical Engineering, and related areas. The courses completed and the number of credit hours earned, indicate that Mr. Kennedy satisfied requirements substantially similar to those required toward the completion of a Bachelor of Science in Mechanical Engineering from an accredited institution of higher education in the United States.

#### **PROFESSIONAL EXPERIENCE**

In addition to his academic studies, Mr. Kennedy has completed five years of professional training and work experience in Computer Information Systems. During this period, Mr. Kennedy served in positions of increasing professional responsibility and sophistication, together with peers, under the supervision of managers, at a level of employment commensurate with Bachelor's-level training.

From January 2013 to June 2015, Mr. Kennedy was employed as a Software Engineer with L&T InfoTech. From June 2015 to April 2016, he was employed as a Programmer Analyst with CSC. From April 2016 to date, he has been employed as a Senior Consultant - Specialist with Virtusa. In these capacities, he has been responsible for using Cobol, DB2, FileZilla, and VB Macros in order to generate reports, provide support for various mainframe applications and systems, develop software during all stages of the software development life cycle, perform unit testing, and create COBOL modules.

The foregoing is a summary of Aravindan Thakku Kennedy's professional experience and delineates his responsibilities throughout his five years of employment experience and training in the concentration of Computer Information Systems and related areas. The responsibilities handled by Mr. Kennedy throughout his career are indicative of Bachelor's-level coursework in Computer Information Systems and related subjects.

Based on the aforementioned experience and coursework, it is evident that Mr. Kennedy acquired skill and knowledge that is gained through equivalent coursework in the following university level classes: Active Directory Management, Application Lifecycle Management Systems, Cloud Data Architecture, Database Management, Linux Administration, PowerShell Scripting, Project Management, Systems Analysis, and Systems Design. These courses

are typical requirements for the completion of a Bachelor of Science degree in Computer Information Systems.

Considering the equivalency ratio mandated by the United States Citizenship and Immigration Services of three years of work experience being equated with one year of college training, Mr. Kennedy's five years of experience reflect the time equivalent of not less than one year of Bachelor's-level academic training in Computer Information Systems.

#### **CONCLUSION**

On the basis of the credibility of SASTRA University, the number of years of coursework, as well as the nature of the coursework and grades earned therein, and considering the candidate's five years of progressively responsible work experience and professional training in Computer Information Systems and related areas, it is the opinion of Park Evaluations that Mr. Kennedy has attained the equivalent of a Bachelor of Science degree in Computer Information Systems from an accredited institution of higher education in the United States.

This evaluation relies upon the copies of the original documents of the diplomas, transcripts, and resume provided by Mr. Kennedy and represented by Mr. Kennedy to be authentic and true copies of those documents. There are no apparent grounds for us to disbelieve the authenticity of the documentation presented to Park Evaluations on behalf of Mr. Kennedy. We represent the foregoing to be an accurate and correct evaluation to the best of our knowledge and belief, pursuant to requirements of the United States Citizenship and Immigration Services of the United States Department of Homeland Security.

Park Evaluations evaluates academic and experiential credentials and specializes in the evaluation of foreign educational credentials.

The foregoing evaluation of Aravindan Thakku Kennedy has been certified by me. Because of the positions I hold at Duquesne University and had held at the University of Pittsburgh, I have the authority to grant college-level credit for training, and/or courses taken at other U.S., or international universities.

John C. Shepherd  
John C. Shepherd

Dr. John C. Shepherd, B.S. Carnegie Mellon University, M.S. Duquesne University, PH.D University of Pittsburgh. Associate Professor and Department Chairperson of Interactive Media, Duquesne University. Former Professor of Industrial Engineering, University of Pittsburgh.

**For detailed statement of qualifications and experience of evaluator, see attached resume.**

(145647)

**John C. Shepherd, PhD, Professor and Department Chairperson**

***Education***

B.S. Administration and Management Science, Carnegie Mellon University  
M.S. Business Information Systems, Duquesne University  
M.S. Operations Research and Systems Management, University of Pittsburgh  
Ph.D., Operations Research and Systems Management, (Minor Finance),  
University of Pittsburgh

Duquesne University Associate Professor since 1987, Department Chairperson,  
Interactive Media since 1995

Dr. Shepherd founded the Master of Science degree in Multimedia Technology  
and the Bachelor of Arts in Media Arts. He currently teaches both graduate and  
undergraduate classes. Recently he became chair of the new Journalism and  
Multimedia Arts Department at Duquesne University.

Prior to founding the Interactive Media Department, he taught in the School of  
Business and the School of Health Sciences at Duquesne University. He has  
also taught PH.D.-Level courses in Industrial Engineering and Systems  
Management at the University of Pittsburgh and computer networking for the  
Heinz School at Carnegie Mellon University.

***Publications***

---

Dr. Shepherd has authored the books Authoring Authorware (1998) and  
Database Management: Theory and Application (1990) and presented papers at  
several national conferences, including at the Oracle Users Group meeting. Here  
are a few of those papers:

"Using SQL to Develop a Drug-Use Review System," University of Pittsburgh  
IBM Regional Faculty Group;

"Teaching DB2 on the Microcomputer," ISECON (Refereed);

"Using Presentation Graphics as a Marketing Tool," University of Pittsburgh;

"A Multiple Criteria Approach to Project Selection," IMS/ORSA;

"An Implementation of a Multiple Criteria Approach to Project Selection," TIMS/  
ORSA; and

"A Comparison of Multi-User Pharmacy Systems: Micros vs. Minis," American Society of Hospital Pharmacists.

**Service**

Dr. Shepherd volunteers his time and shares his talents at the Training and Social Rehabilitation center for the mentally ill, the Beechview Manor Retirement Home, and the Christ United Methodist Church. In addition, he is an officer in the Theta Xi Education Foundation and the Theta Xi Club of Pittsburgh.

**Professional Experiences**

He has appeared as an expert witness for several legal cases concerned with computer-related crimes.

He developed a rule-based expert clinical pharmacy system for a national pharmacy chain.

He also created the first hospital pharmacy computer management system to run on a Local area network (LAN).

**Short List of Evaluation Reference materials:**

American Council on Education. 2004-2005 National Guide to Educational Credit for Training Programs. Washington, D.C. 2004.

Association of Indian Universities. Universities Handbook, 30<sup>th</sup> Edition. New Delhi, India. 2004.

Central Intelligence Agency. The World Factbook 2004. Washington, D.C.: Brassey's Inc. 2003.

IAU/UNESCO Information Centre on Higher Education, eds. International Handbook of Universities, Seventeenth Edition. Hants, United Kingdom: Palgrave MacMillan. 2003.

International Association of Universities. World Higher Education Database 2004/2005. Palgrave MacMillan CD-ROM. Alpha Index. 2004.



## DUQUESNE UNIVERSITY

MARQUETTE COLLEGE AND GRADUATE SCHOOL OF LIBERAL ARTS  
OFFICE OF THE DEAN

600 Forbes Avenue

PITTSBURGH, PA 15202

DEAN: TEL 412.396.6388

FAX 412.396.4859

UNDERGRADUATE OFFICE: TEL 412.396.6389

FAX 412.396.5197

GRADUATE SCHOOL: TEL 412.396.6400

FAX 412.396.5263

November 2, 2010

To Whom It May Concern:

This letter is to confirm that Professor John Shepherd is currently an Associate Professor of Journalism and Multimedia Arts at Duquesne University. Additionally, Dr. Shepherd is the Chair of the Department. Professor Shepherd reviews the credentials of students, both domestic and foreign. He reviews applicants, accepted students, prospective students, and prospective faculty for Duquesne University. Included within this capacity, he reviews credentials of foreign and domestic students for educational transfer credit in the areas of Multimedia, Journalism, Graphic Design, Web and Computer Application Development, and related fields that the University offers. His previous ten years of teaching in the Information Technology program in the School of Business at Duquesne University, as well as many years of practical experience developing software, make him especially proficient in evaluating the credibility of experiential and matriculated course work in the fields of Management Information Systems, Computer Information Systems, and related fields.

Further, please note that Dr. John Shepherd indeed has a Ph.D. earning his degree in Operations Research and Systems Management from the University of Pittsburgh.

Duquesne University is a fully accredited institution of higher learning by the Middle States Association of Colleges and Secondary Schools.

Additionally, Departments at Duquesne University may award credit to students for specific industry-related life experience. For possible transfer credit, Dr. Shepherd evaluates knowledge acquired from universities for matriculated students, as well as from professional experience. Further, Professor Shepherd is excellent in evaluating relevant domestic and international education and relevant work experience of students to determine their academic equivalence, and he is authorized to recommend the award of credits by Duquesne University.

I hope that this letter clarifies the following (1) that Departments at Duquesne University awards credit based on professional experience and international education; (2) that professors, including Dr. Shepherd, evaluate such credentials and determine whether Duquesne University is to award or recognize credit based upon students foreign education and industry experience; and (3) that Dr. Shepherd, a Duquesne faculty member since 1987, is highly proficient and knowledgeable in this process.

Sincerely,

Christopher M. Duncan, Ph.D.  
Dean



DUQUESNE  
UNIVERSITY

OFFICE OF THE PROVOST/Academic Vice President  
311 Administration Building

600 FORBES AVENUE  
PITTSBURGH, PA 15282  
TEL 412.396.6054  
FAX 412.396.5811  
[rpearson@duq.edu](mailto:rpearson@duq.edu)

June 17, 2009

Mr. Howard Borenstein  
Park Evaluations  
134 West 29<sup>th</sup> Street  
5<sup>th</sup> Floor  
New York, NY 10001

Dear Mr. Borenstein:

This letter confirms that while there is a system at Duquesne University for granting academic credit for prior life experience, there is no university-wide, single protocol for granting credit for experiential learning. Rather, each school and, in many cases, each department has its own set of procedures and the chair or a designee decides how many credits to actually award.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Ralph L. Pearson".

Ralph L. Pearson  
Provost and Academic Vice President

The screenshot shows the homepage of the McAnulty College & Graduate School of Liberal Arts at Duquesne University. The top navigation bar includes links for About DU, Academics, Admissions, Student Life, Alumni and Giving, Search, and Home. A sidebar on the left lists various academic programs and resources. The main content area is titled "Student Handbook" and contains sections for Mission and Philosophy, Academics, Core Requirements, College Academic Policies, Advanced Standing, ESL Program, Special Programs, Majors & Minors, Registration, Admissions, Student Records, and Academic Standing. Below this, a section titled "Section Five: Advanced Standing" is expanded, detailing transfer credits from junior or community colleges, CLEP credit, advanced placement, and credit by examination.

## Student Handbook

**Mission and Philosophy**   **Advanced Standing**   **Registration**  
**Academics**   **ESL Program**   **Admissions**  
**Core Requirements**   **Special Programs**   **Student Records**  
**College Academic Policies**   **Majors & Minors**   **Academic Standing**

### Section Five: Advanced Standing

**5.1 Transfer Credits from Junior or Community Colleges**  
A maximum of 60 academically acceptable credits from accredited junior or community colleges may be transferred. If a student has attended one or more colleges preceding a community or junior college, the total number of academically acceptable credits is still limited to 60.

**5.2 College Level Examination Program (CLEP)**  
A student may acquire credits by achieving a satisfactory score on one or more of the College Level Examinations --

Subject and General. These examinations may be taken either at Duquesne's University Counseling Center or at any CLEP Center, with the exception of College Composition and Analysis and Interpretation of Literature (CORE 101 and 102), which must be taken at Duquesne. Additional information regarding test dates, applications and sample test questions is available from the University Counseling Center, 308 Administration Building. CLEP credit cannot be assigned after a student has earned 60 credits. Students should check with the College Office or the University Counseling Center to ensure that they are eligible to receive credit for the particular exam(s) they plan to take. (Students must wait six months to retake a test.) Students who have failed or withdrawn from a course cannot receive CLEP credit for that course.

#### 5.3 Advanced Placement

Students who have followed the College Entrance Examination Board's college-level program in secondary schools and have performed satisfactorily in the advanced placement examinations are eligible for advanced placement. Duquesne University grants credit, as well as placement, for achievement that merits such consideration. Subjects included in the program are: English composition, American and European history, history of art, modern foreign languages (French, German, Spanish), Latin, mathematics AB, mathematics BC, physics B and C, chemistry, biology and computer science, environmental science, government and politics, micro/macro economics, psychology, statistics and studio art. Applicants who hope to receive advanced placement credits must request that scores be sent to the University. Credit will be given on a minimum advanced placement score determined yearly by the College.

#### 5.4 Credit by Examination

Credit by examination in selected College courses is available to students who, by previous experience, have acquired mastery of the material in a particular course. Arrangements are made through the department chairperson in which the course is offered.

Students must be currently registered when they apply for and take examinations for credit. The procedure is as follows:

- \* The student makes a request to the department in which the course is offered.
- \* The request must be made three weeks before the time of the test and at least one month before the end of the semester.
- \* If the request is approved, the student purchases the Application for Credit by Examination form from the Registrar's Office. The purchase price is \$30.00 per credit. The student completes the form and obtains signatures from the advisor and the Dean, and gives the form to the examiner. When the examination has been taken, the examiner records the grade (P/N) on the form and gives it to the College Office, where it is signed and sent to the Registrar.
- \* The corrected examination is kept in the department office in which the course is offered.
- \* No course may be repeated through this process.

NOTE: In the Department of Modern Languages and Literatures, only courses numbered 302 and above are available for credit by examination.

#### 5.5 Experiential Learning

Students with extensive professional experience may be qualified to apply for academic credit for experience-based learning.

The student should meet with his or her advisor to determine the area of experience involved (i.e., communication, writing, etc.).

The student completes a narrative, detailing the experiences involved, and provides documentation verifying the information given. The information and documentation are submitted to the department in which the experience is based or to the Dean. A recommendation for credit or no credit will then be made. (The equivalency need not be ascribed to a specific course, but can be a general area.)

The maximum number of credits that may be assigned is 15. Students should consult with their advisor for more information.

#### 5.6 Military Credits

Credit for ROTC courses may be granted to veterans for experience gained in the armed service. Veterans should present their papers to their advisor for evaluation. Approved credits will be accepted as non-arts electives.

#### 5.7 University-Level Courses Taken While in High School

University-level courses taken by entering freshmen students while in high school will be evaluated for credit if the following criteria have been met:

- \* The courses are recorded on an official transcript from an accredited institution of higher learning.
- \* The grades are C or better.

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DUQUESNE

UNIVERSITY

MCANULTY COLLEGE AND GRADUATE SCHOOL OF LIBERAL ARTS  
OFFICE OF THE DEAN

600 FORBES AVENUE  
PITTSBURGH, PA 15282

DEAN: TEL 412.396.6288

FAX 412.396.4839

UNDERGRADUATE OFFICE: TEL 412.396.6389

FAX 412.396.5197

GRADUATE SCHOOL: TEL 412.396.6400

FAX 412.396.5265

May 1, 2009

To Whom It May Concern:

I am preparing this letter to explain the process by which the Journalism and Multimedia Arts Department at Duquesne University grants experiential credits.

An applicant who wishes his training or experience to be converted into academic credits within a specific field is directed to the chair of that particular department. In the fields of Multimedia, Web Design and Development, and Advertising, no applicant would be directed to Dr. John Shepherd, the Chair of the Journalism and Multimedia Arts Department at Duquesne University.

The applicant must submit comprehensive and detailed job descriptions of all previous employment along with documentation of achievement, which may include portfolios, videos/DVDs, audio-recordings, and writings. Additionally, the applicant must provide corroborating letters from supervisors concerning the amount of time spent on the tasks and the quality of the achievements.

The chair of the department then completes a form recommending the amount of academic credit to be issued for that work experience. This form, which is included with this letter, is the official "advanced standing" form used in the College of Liberal Arts at Duquesne University for transferring credits from other universities, testing out of courses, and for experiential learning. For experiential learning, the chair checks the space marked "other" and specifies the number of credits to be given.

Once the chair has made his official recommendation, the student's work, the supporting documentation, and letter go to the assistant to the dean, who reviews the documentation for completeness. Upon verification, the assistant to the dean posts the grades to the student's transcript.

I hope this letter and the "advanced standing" form clarify the process by which experiential learning is translated into academic credit in Duquesne University's McAnulty College and Graduate School of Liberal Arts and provide sufficient documentation of our policy for granting academic credit for work experience.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Evan Stoddard".

G. Evan Stoddard, Ph.D.  
Acting Dean

REPORT OF ADVANCED STANDING TOWARD A DUQUESNE UNIVERSITY DEGREE

Student name \_\_\_\_\_ Duquesne I.D. \_\_\_\_\_

School \_\_\_\_\_

\*For Degree: \_\_\_\_\_ Report Date: \_\_\_\_\_

Approval: \_\_\_\_\_

Official Transcript: \_\_\_\_\_  Sem. Hrs.  Jr. Hrs.  Other \_\_\_\_\_

CLEP  CR by exam  Advanced Placement  Other \_\_\_\_\_

\*This report is subject to re-evaluation upon change of program or "stop-out" by student

COURSES SHOWN ON DOCUMENT			DUQUESNE EVALUATION			
NUMBER	TITLE	CRS	CAT.#	COURSE TITLE	CRS	COMMENTS

தமிழக முடிவுகள் நுழை, சென்னை - 600 006,  
DEPARTMENT OF GOVERNMENT EXAMINATIONS, CHENNAI - 600 006.

# மெட்ரிக்குலேசன் தேர்வு

## MATRICULATION EXAMINATION

பத்தாம் வகுப்பு

X STANDARD

தமிழ்நாடு அரசின் அதிகாரத்திற்கு உட்பட்டு வழங்கப்படுகிறது  
ISSUED UNDER THE AUTHORITY OF THE GOVERNMENT OF TAMILNADU

தேர்வர் ARAVINDAN T K

MAR 2006 இல்

மெட்ரிக்குலேசன் தேர்வெழுதிக் கீழ்க்காணும் மதிப்பெண்களைப் பெற்றுள்ளார் என்று  
சான்றளிக்கப்படுகிறது.

*Certified that the above mentioned candidate appeared for the Matriculation Examination  
and obtained the following marks :*

பாடம் SUBJECT	பெறும் அளவு மதிப்பெண் MAX	மதிப்பெண் MARKS
மொழி LANGUAGE	TAMIL	200
	ஆங்கிலம் ENGLISH	200
	கணிதம் MATHEMATICS	200
அறிவியல் SCIENCE	கருத்தியல் THEORY	200
	செய்முறை PRACTICAL	100
வரலாறு & புவியியல் HISTORY & GEOGRAPHY	200	100
மொத்தம் TOTAL	1100	173 ONE SEVEN THREE
		159 ONE FIVE NINE
		187 ONE EIGHT SEVEN
		175 ONE SEVEN FIVE
		100 ONE ZERO ZERO
		170 ONE SEVEN ZERO
		0964 ZERO NINE SIX FOUR

பிறந்த நாள் / DATE OF BIRTH	பதிவெண் / REGISTER NO.	ம.அ.ப. குறியீடுடெண்&நாள் / M.P. CODE NO. & DATE
29-10-90	850208	M050009 05.06.2006
மெட்ரிக்குலேசன் பள்ளியின் பெயர் / MATRICULATION SCHOOL		வகுப்பு / CLASS
ARR MHSS, KUMBAKONAM		FIRST

மெட்ரிக்குலேசன் தேர்வில் தேர்ச்சி பெற ஓவ்வொரு பாடத்திலும், அறிவியல் பாடத்தில் கருத்தியல், செய்முறைத் தேர்வுகளிலும் தனிக்களியே குறும உளவு முப்பத்தைந்து விடக்காடு மதிப்பெண் பெறுதல் வேண்டும். இது பகுதி முறையில் தேர்வு எழுதித் தேர்ச்சி பெறுவதற்கும் பொருந்தும்.

A PASS IN THE MATRICULATION EXAMINATION REQUIRES A MINIMUM OF THIRTY FIVE PERCENT OF MARKS IN EACH SUBJECT AND ALSO SEPARATELY IN THEORY AND PRACTICAL EXAMINATIONS IN SCIENCE. THIS INCLUDES PASSING UNDER THE COMPARTMENTAL SYSTEM ALSO.

T.K.Aravindan

தேர்வரின் ஒப்பாம்  
Candidate's Signature



செயல்கள்  
மெட்ரிக்குலேசன் தேர்வுக் குழுமம், தமிழ்நாடு  
SECRETARY  
BOARD OF MATRICULATION EXAMINATION, TAMILNADU

அரசுத் தேர்வுகள் துறை, சென்னை - 600 006.  
DEPARTMENT OF GOVERNMENT EXAMINATIONS, CHENNAI-600 006.

**மேனிலைப் பள்ளிக் கல்விக் கான்றிதழ்**  
**HIGHER SECONDARY COURSE CERTIFICATE**

பொதுக் கல்வி / GENERAL EDUCATION  
தமிழ்நாடு அரசின் அதிகாரத்திற்கு உட்பட்டு வழங்கப்படுகிறது  
ISSUED UNDER THE AUTHORITY OF THE GOVERNMENT OF TAMIL NADU

தேர்வர் ARAVINDAN, T. K.

MAR. 2008 இல்  
மேனிலைப் பள்ளி இறுதி வகுப்புப் பொதுத் தேர்வெழுதி கீழ்க்காணும் மதிப்பெண்களைப்  
பெற்றுள்ளார் என்று கான்றிக்கப்படுகிறது.

Certified that the above mentioned candidate appeared for the Higher Secondary Public  
Examination and obtained the following marks :

SUBJECT	கோரிக்கை THEORY 160	வெளியீடு PRAC. 50	பெற்ற மதிப்பெண் 200க்கு MARKS OBTAINED FOR 200
TAMIL			182 ONE EIGHT TWO
ENGLISH			170 ONE SEVEN ZERO
PHYSICS	138	049	187 ONE EIGHT SEVEN
CHEMISTRY	125	050	175 ONE SEVEN FIVE
BIOLOGY	134	050	184 ONE EIGHT FOUR
MATHEMATICS			191 ONE NINE ONE

மொத்த மதிப்பெண்  
TOTAL MARKS

1089 ONE ZERO EIGHT NINE

பிறந்த நாள் / DATE OF BIRTH	பதிவெண் / REGISTER NO.	மஅ.ப. குறியீட் தெண்டநாள் / TMR CODE NO. & DATE
29. 10. 90	479694	G316017 09. 05. 08

பள்ளியின் பெயர் / NAME OF THE SCHOOL	பாடத் தொகுப்பு எண் / GROUP CODE
A R R MAT HSS KUMBAKONAM	103

தேர்ச்சிகால குறும் அளவு : ஒவ்வொரு பாடத்திலும், 200க்கு 70 மதிப்பெண்கள் பெறுவதேண்டும். இது பகுதி முறையில் தேர்வெழுதித் தேர்ச்சி பெறுவதற்கும் பொருத்தம். கருத்தியல் மற்றும் செய்முறைத் தேர்வுகள் கொண்ட பாடங்களில் தேர்ச்சி பெற கருத்தியல் தேர்வில் 150க்குக் குறும் அளவு 30 மதிப்பெண்களும், செய்முறைத் தேர்வில் 50க்குக் குறும் அளவு 40 மதிப்பெண்களும் பெற வேண்டும்.

Minimum for a Pass: 70 Marks out of 200 In each subject. This Includes passing under the compartmental system also. For the subjects consisting of Theory and Practical Examinations Minimum Marks for a Pass Is 30 out of 150 In Theory and 40 out of 50 In Practical.

*R. C. Aravindan*தேர்வரின் ஒப்பம்  
Candidate's Signature

மாநில ப. பள்ளித் தேர்வுகள் குழுமம், தமிழ்நாடு  
SECRETARY  
STATE BOARD OF SCHOOL EXAMINATIONS, TAMILNADU



Sl. No. : A070561

# SAASTRA UNIVERSITY

(A University established under section 3 of the UGC Act, 1956)

Thanjavur - 613 402, Tamil Nadu, India.

## Grade Sheet

Register Number :011209025

B.Tech. Degree Examinations

Nov/2008

Programme : B.Tech. - Mechanical Engineering

Name of the Candidate : Aravindan, T K

Course Code	Name of the Course / Subject	Semester	Credit	Grade
BMECEN101R01	STRATEGIES IN COMMUNICATION	1	3	B
BMECMA102	MATHEMATICS - I	1	4	B-
BMECCS103	COMPUTER PROGRAMMING - I - 'C'	1	4	A
BMECPY104	ENGINEERING PHYSICS	1	4	A
BMECCE105	ENVIRONMENTAL STUDIES	1	4	B
BMECCE106	BASIC CIVIL ENGINEERING	1	3	A
BMECCE107	ENGINEERING MECHANICS	1	4	C
BMECCS108	COMPUTER PROGRAMMING LAB-I	1	2	A
BMECME109	WORKSHOP	1	2	S
BMECPY110	ENGINEERING PHYSICS LAB	1	2	B
BMECEN111	INDIAN CULTURE & ETHICS	1	1	A
SEMESTER		CGPA :		7.48485
1		SGPA		7.48485



*Dr. Venkateswara Rao*  
Controller of Examinations

Controller of Examinations



SL No.: A080266

# **ASTRA UNIVERSITY**

(A University established under section 3 of the UGC Act, 1956)

Thanjavur - 613 402, Tamil Nadu, India.

## Grade Sheet

Register Number :011209025

## B.Tech. Degree Examinations

May/2014

## **Programme : B.Tech. - Mechanical Engineering**

Name of the Candidate : Aravindan, T K

Course Code	Name of the Subject	Semester	Credit	Grade
BMECEN201	TECHNICAL COMMUNICATION	2	3	A
BMECMA202	MATHEMATICS - II	2	4	B
BMECCS203	COMPUTER PROGRAMMING - II C++	2	4	C
BMECCM204	ENGINEERING CHEMISTRY	2	4	A
BMECCE205	ENGINEERING DRAWING	2	4	A
BMECEE206	BASIC ELECTRICAL & ELECTRONICS ENGINEERING	2	3	A
BMECME207	MATERIAL SCIENCE AND TECHNOLOGY	2	3	A
BMECCS208	COMPUTER PROGRAMMING LAB-II	2	2	A
BMECCE209	COMPUTER AIDED DRAWING LAB	2	2	B
BMECCM210	ENGINEERING CHEMISTRY LAB	2	2	A
BMECPT211	PERSONALITY DEVELOPMENT	2	1	A

SGPA : 7.7500

CGPA: 7.61538



**Controller of Examinations**



# SASTRA UNIVERSITY

(A University established under section 3 of the UGC Act, 1956)

Thanjavur - 613 402, Tamil Nadu, India.

## Grade Sheet

Register Number : 011209025

B.Tech. Degree Examinations

Nov/2009

Programme : B.Tech. - Mechanical Engineering

Name of the Candidate : Aravindan, T K

Course Code	Name of the Subject	Semester	Credit	Grade
BMECMA301	MATHEMATICS - III	3	4	A
BMECME302	ENGINEERING THERMODYNAMICS	3	4	B
BMECCE303	FLUID MECHANICS AND MACHINERY	3	4	A
BMECCE304	MECHANICS OF SOLIDS	3	4	D
BMECME305	ENGINEERING METALLURGY	3	4	B
BMECEE307	ELECTRICAL AND ELECTRONICS TECHNOLOGY	3	4	C
BMECME308	METALLURGY LAB	3	2	A
BMECTP309	HR SKILLS - I	3	1	S
BMECEE310	ELECTRICAL AND ELECTRONICS LAB	3	2	A

CGPA : 7.1035

CGPA : 7.45745



Controller of Examinations

RESEARCH ACADEMY SASTRA UNIVERSITY  
TIRUMALAISAMUDRAM THANJAVUR 613 402



# SASTRA UNIVERSITY

(A University under section 3 of the UGC Act, 1956)

Thanjavur - 613 401, Tamil Nadu, India.

## Grade Sheet

Register Number : 011209025

B.Tech. Degree Examinations

May/2010

Programme : B.Tech. - Mechanical Engineering

Name of the Candidate : Aravindan, T K

Course Code	Name of the Subject	Semester	Credit	Grade
BMECMA401	MATHEMATICS - IV	4	4	C
BMECME402	THERMAL ENGINEERING - I	4	4	B
BMECME403	MANUFACTURING TECHNOLOGY - I	4	4	A
BMEDME403	WELDING TECHNOLOGY	4	4	A
BMECME404	KINEMATICS OF MACHINERY	4	4	B
BMECME405	METROLOGY & MEASUREMENTS	4	4	S
BMECCE407	SOLID MECHANICS AND FLUID MECHANICS LAB	4	2	S
BMECME408	COMPUTER AIDED MACHINE DRAWING	4	2	A
BMECTP409R02	HR SKILLS - II	4	1	S

SGPA : 7.9310

CGPA : 7.5691



Controller of Examinations



# SASTRA UNIVERSITY

(A University under section 3 of the UGC Act, 1956)

Thanjavur - 613 401, Tamil Nadu, India.

## Grade Sheet

Register Number : 011209025

B.Tech. Degree Examinations

Nov/2010

Programme : B.Tech. - Mechanical Engineering

Name of the Candidate : Aravindan, T K

Course Code	Name of the Subject	Semester	Credit	Grade
BMECME501	THERMAL ENGINEERING - II	5	5	C
BMECME502	MANUFACTURING TECHNOLOGY - II	5	4	S
BMECME503	DYNAMICS OF MACHINERY	5	4	A
BMEDME503	METAL FORMING TECHNOLOGY	5	4	A
BMECME504	DESIGN OF MACHINE ELEMENTS	5	5	B
BMECME505	THERMAL ENGINEERING LAB - I	5	2	S
BMEDME505	METAL CASTING TECHNOLOGY	5	4	S
BMECME506	MACHINE SHOP	5	2	A
BMECTP507R01	HR SKILLS - III	5	1	S

SGPA : 8.2258

CGPA : 7.7013

Controller of Examinations



# SASTRA UNIVERSITY



(A University under section 3 of the UGC Act, 1956)

Thanjavur - 613 401, Tamil Nadu, India.

A121022

## Grade Sheet

Register Number : 011209025

B.Tech. Degree Examinations

May/2011

Programme : B.Tech. - Mechanical Engineering

Name of the Candidate : Aravindan, T K

Course Code	Name of the Subject	Semester	Credit	Grade
BMECME601	HEAT TRANSFER	6	5	A
BMECME602	CAD / CAM / CIM	6	4	B
BMEDME602	PLANT LAYOUT AND MATERIAL HANDLING	6	4	S
BMECME603	MECHATRONICS	6	4	A
BMECME604	DESIGN OF POWER TRANSMISSION ELEMENTS	6	4	S
BMECME605	METROLOGY AND DYNAMICS LAB	6	2	A
BMEDME605	INDUSTRIAL TRIBOLOGY	6	4	D
BMECME606	THERMAL ENGINEERING LAB - II	6	2	A
BMECTP607R01	HR SKILLS - IV	6	1	S

SGPA : 8.0667

CGPA : 7.7609



A handwritten signature in black ink, which appears to read "Dr. Venkateswara".

Controller of Examinations



# SASTRA UNIVERSITY A131530

(A University under section 3 of the UGC Act, 1956)

Thanjavur - 613 401, Tamil Nadu, India.

## Grade Sheet

Register Number : 011209025

B.Tech. Degree Examinations

Nov/2011

Programme : B.Tech. - Mechanical Engineering

Name of the Candidate : Aravindan, T K ✓

Course Code	Name of the Subject	Semester	Credit	Grade
BMECME701	POWER PLANT ENGINEERING	7	4	A
BMECME702	AUTOMOBILE ENGINEERING THEORY AND PRACTICE	7	5	B
BMECME703	CAD/CAM LAB	7	2	S
BMEDME703	PRODUCTION PLANNING AND CONTROL	7	4	A
BMECME704	MECHATRONICS LAB	7	2	B
BMEDME706	COMPUTATIONAL FLUID DYNAMICS AND HEAT TRANSFER	7	4	B
BMEDME707	CNC MACHINE TOOLS	7	4	A
BMEDME713	NON-CONVENTIONAL ENERGY SOURCES	7	4	A

SGPA : 7.7586

CGPA : 7.7606



  
Controller of Examinations

Sl. No. : A146976



# SASTRA UNIVERSITY

(A University under section 3 of the UGC Act, 1956)

Thanjavur - 613 401, Tamil Nadu, India.

## Grade Sheet

Register Number : 011209025

B.Tech. Degree Examinations

May/2012

Programme : B.Tech. - Mechanical Engineering

Name of the Candidate : Aravindan, T K

Course Code	Name of the Subject	Semester	Credit	Grade
BMECME801	PROJECT WORK	8	9	B -
BMEOME808	LOGISTICS AND SUPPLY CHAIN MANAGEMENT	8	3	B -
SGPA : 7.0000				CGPA : 7.74359

### OPEN ELECTIVE GRADES (ACCELERATED CREDIT REGISTRATION SYSTEM)

Course Code	Name of the Subject	Semester	Credit	Grade
BECOPY003	PHYSICS OF EARTHQUAKES	5	3	S -
BCEOCE003	ENGINEERING GEOLOGY	6	3	A -
BECOEC006	MEDICAL ELECTRONICS	7	3	B -

*L. Venkateswamy*  
Controller of Examinations



Sl.No.: C021005



# SASTRA UNIVERSITY

(A University under Section 3 of the UGC Act, 1956)

## Cumulative Grade Sheet

### B.Tech. Degree Examinations 2008 - 2012

Register Number : 011209025 / Name of the Candidate : Arvindan T K

Programme : Mechanical Engineering

Course/Code	Name of the Subject / Course	Sem	Credit	Grade	Month & Year of Passing
<b>Semester - I</b>					
RAECE2001	STRATEGIES IN COMMUNICATION	1	3	B	May-2008
RAECE2002	MATHEMATICS - I	1	4	A	May-2008
RAECE2003	COMPUTER PROGRAMMING - I: C	1	4	A	May-2008
RAECE2004	ENGINEERING PHYSICS	1	4	A	May-2008
RAECE2005	ENVIRONMENTAL STUDIES	1	4	B	May-2008
RAECE2006	BASIC CIVIL ENGINEERING	1	2	A	May-2008
RAECE2007	ENGINEERING MECHANICS	1	2	C	May-2008
RAECE2008	COMPUTER PROGRAMMING LAB-I	1	2	A	May-2008
RAECE2009	WORKSHOP	1	2	B	May-2008
RAECE2010	ENGINEERING PHYSICS LAB	1	2	B	May-2008
RAECE2011	INDIAN CULTURE & ETHICS	1	1	A	May-2008
<b>Semester - 2</b>					
RAECE2012	TECHNICAL COMMUNICATION	2	3	A	May-2009
RAECE2013	MATHEMATICS - II	2	4	B	May-2009
RAECE2014	COMPUTER PROGRAMMING - II: C	2	4	C	May-2009
RAECE2015	ENGINEERING CHEMISTRY	2	4	A	May-2009
RAECE2016	ENGINEERING DRAWING	2	3	A	May-2009
RAECE2017	BASIC ELECTRICAL & ELECTRONICS ENGINEERING	2	3	A	May-2009
RAECE2018	MATERIAL SCIENCE AND TECHNOLOGY	2	2	A	May-2009
RAECE2019	COMPUTER AIDED DRAWING LAB	2	1	A	May-2009
RAECE2020	COMPUTER AIDED DRAWING LAB	2	1	A	May-2009
RAECE2021	ENGINEERING CHEMISTRY LAB	2	2	A	May-2009
RAECE2022	PERSONALITY DEVELOPMENT	2	1	A	May-2009
<b>Semester - 3</b>					
RAECE2023	MATHEMATICS - III	3	4	A	May-2009
RAECE2024	ENGINEERING THERMODYNAMICS	3	4	B	May-2009
RAECE2025	FLUID MECHANICS AND MACHINERY	3	4	A	May-2009
RAECE2026	MECHANICS OF SOLIDS	3	4	D	May-2009
RAECE2027	ENGINEERING METALLURGY	3	4	B	May-2009
RAECE2028	ELECTRICAL AND ELECTRONICS TECHNOLOGY	3	4	O	May-2009
RAECE2029	METALLURGY LAB	3	3	A	May-2009
RAECE2030	HR SKILLS - I	3	1	S	May-2009
<b>Semester - 4</b>					
RAECE2031	ELECTRICAL AND ELECTRONICS LAB	4	2	A	May-2009
RAECE2032	MATHEMATICS - IV	4	4	O	May-2010
RAECE2033	THERMAL ENGINEERING - I	4	4	B	May-2010
RAECE2034	MANUFACTURING TECHNOLOGY - I	4	4	A	May-2010
RAECE2035	WELDING TECHNOLOGY	4	4	A	May-2010
RAECE2036	KINEMATICS OF MACHINERY	4	4	B	May-2010
RAECE2037	METROLOGY & MEASUREMENTS	4	4	S	May-2010
RAECE2038	SOLID MECHANICS AND FLUID MECHANICS LAB	4	2	S	May-2010
RAECE2039	COMPUTER-AIDED MACHINE DRAWING - I	4	2	A	May-2010
RAECE2040	HR SKILLS - II	4	1	S	May-2010
<b>Semester - 5</b>					
RAECE2041	THEMAL ENGINEERING - II	5	5	C	May-2010

Course/Code	MANUFACTURING TECHNOLOGY - II	S	E	B	May-2010
RAECE2042	DYNAMICS OF MACHINERY	5	4	A	May-2010
RAECE2043	METAL FORMING TECHNOLOGY	5	4	A	May-2010
RAECE2044	DESIGN OF MACHINE ELEMENTS	5	3	B	May-2010
RAECE2045	THERMAL ENGINEERING LAB - I	5	2	S	May-2010
RAECE2046	METAL CASTING TECHNOLOGY	5	4	S	May-2010
RAECE2047	MACHINING SHOP	5	3	A	May-2010
RAECE2048	HR SKILLS - III	5	1	S	May-2010

### Semester - 6

RAECE2049	HEAT TRANSFER	6	3	A	May-2011
RAECE2050	CAD / CAM / CIM	6	4	B	May-2011
RAECE2051	PLANT LAYOUT AND MATERIAL HANDLING	6	4	S	May-2011
RAECE2052	MECHATRONICS	6	4	A	May-2011
RAECE2053	DESIGN OF POWER TRANSMISSION ELEMENTS	6	4	S	May-2011
RAECE2054	METROLOGY AND DYNAMICS LAB	6	2	A	May-2011
RAECE2055	INDUSTRIAL TRIBOLOGY	6	2	D	May-2011
RAECE2056	INDUSTRIAL ENGINEERING LAB - II	6	2	A	May-2011
RAECE2057	HR SKILLS - IV	6	1	S	May-2011

### Semester - 7

RAECE2058	POWER PLANT ENGINEERING	7	4	A	May-2011
RAECE2059	AUTOMOBILE ENGINEERING THEORY AND PRACTICE	7	4	B	May-2011
RAECE2060	CAD/CAM LAB	7	2	B	May-2011
RAECE2061	PRODUCTION PLANNING AND CONTROL	7	4	A	May-2011
RAECE2062	MECHATRONICS LAB	7	4	B	May-2011
RAECE2063	COMPUTATIONAL FLUID DYNAMICS AND HEAT TRANSFER	7	4	B	May-2011
RAECE2064	CNC MACHINE TOOLS	7	4	A	May-2011
RAECE2065	NON-CONVENTIONAL ENERGY SOURCES	7	4	A	May-2011

### Semester - 8

RAECE2066	PHYSICS OF EARTHQUAKES	8	3	S	May-2011
RAECE2067	ENGINEERING GEOLOGY	8	2	A	May-2011
RAECE2068	MEDICAL ELECTRONICS	8	3	B	May-2011
RAECE2069	PROJECT WORK	8	3	B	May-2011
RAECE2070	LOGISTICS AND SUPPLY CHAIN MANAGEMENT	8	3	B	May-2011

Total Credits : 234

CGPA : 7.7436

Semesters 1 to 8, total CGPA secured 7.7436

FINAL RESULT : PASSED IN FIRST CLASS WITH DISTINCTION

Place : SASTRA, THANJAVUR.

Date : 23-06-2012

Controller of Examinations



# SASTRA UNIVERSITY

Shanmuga Arts, Science, Technology & Research Academy

(A University u/s 3 of the UGC Act, 1956)

## School of Mechanical Engineering

Upon the recommendation of the Faculty and by the  
Authority of the Board of Management  
acting under the powers vested by the Government of India,  
the University confers on

**Aravindan T K**

the degree of

**Bachelor of Technology in  
Mechanical Engineering**

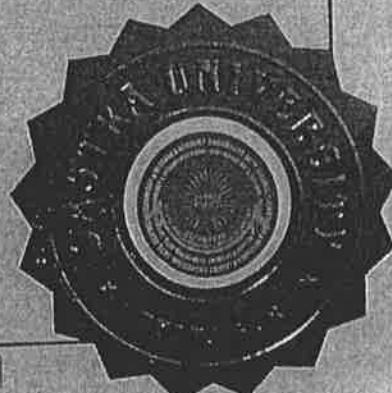
and has placed him in First Class with Distinction  
in the Examination held in May, 2012.

In witness whereof, we have hereunto affixed our signatures and the  
Seal of the University, this day, the Second of September, 2012  
at the University Campus, Thanjavur, India.

Dean

Registrar

Vice-Chancellor

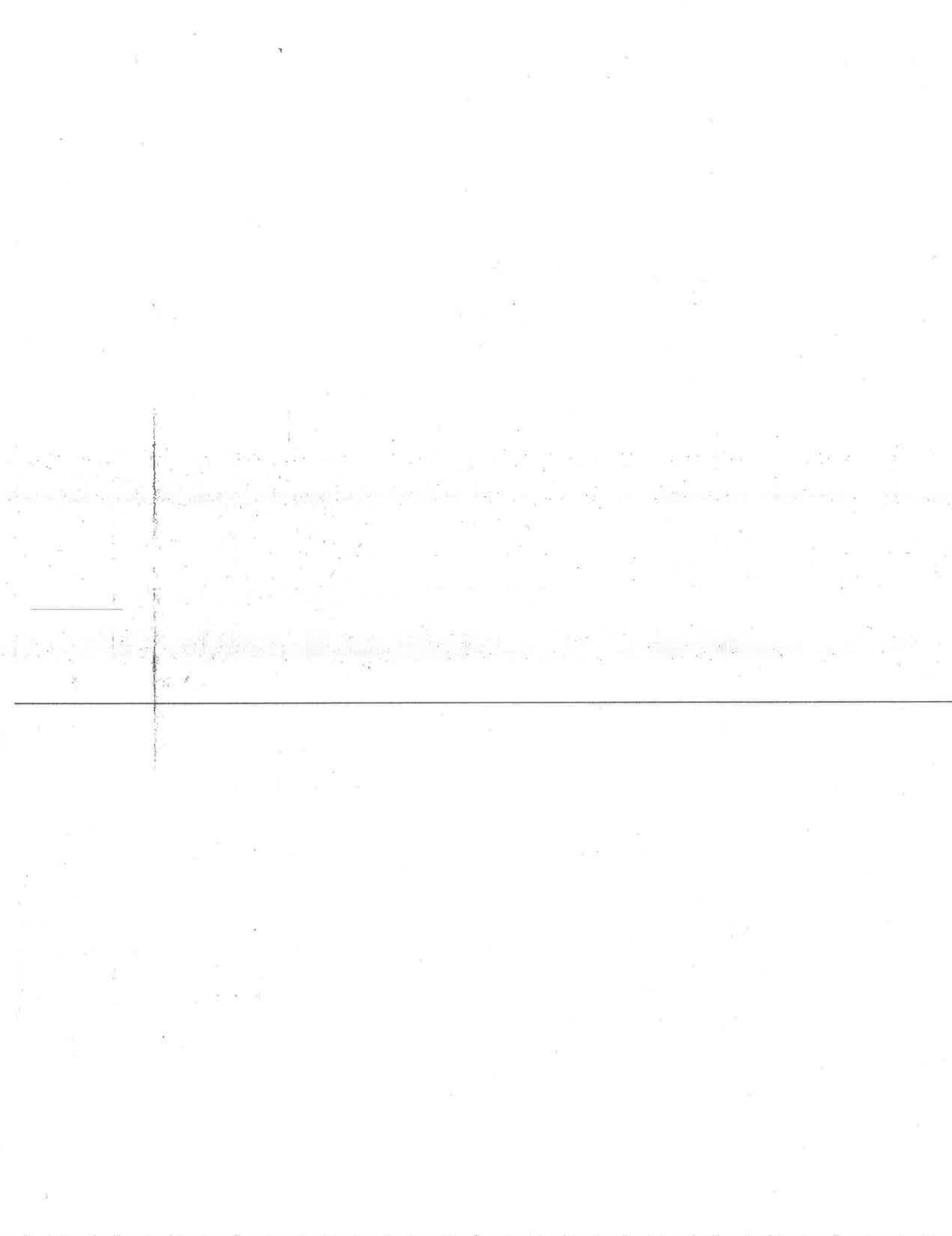


Sl. No.

P025486

Reg. No.

011209025





**L&T Infotech**

Date : June 26, 2015  
Ref : LTIL / HR / 10605669

Mr. Aravindan T K  
L&T Infotech - CH DLF IT Park

Dear Mr. Aravindan T K,

**Re: Your Resignation**

We are in receipt of your intimation on March 31, 2015 tendering your resignation from the services of the company, which we hereby accept.

As requested, you will be relieved of your duties from the close of the working hours of June 26, 2015. The following adjustments towards the notice period were made:

Requisite notice period	:	90 days
Notice Period given by you	:	88 days
Shortfall in notice period	:	2 days
Leave balance	:	39 days
Leave to be adjusted against the notice period	:	2 days
Balance Shortfall after adjusting leave	:	0 days
Balance leave to be paid	:	37 days

On clearance from concerned departments, our Accounts department will settle your dues, after making the above recovery, if any.

Yours faithfully,  
For Larsen & Toubro Infotech Ltd.

A handwritten signature in black ink, appearing to read 'J.R. Rodrigues'.

June Rodrigues  
HR Manager

Larsen & Toubro Infotech Ltd  
Block 4, DLF IT Park, SEZ Camp 1/124, Shivaji Gardens, Mount Poonamallee Road,  
Manapakkam, Chennai - 600089 India T : 91 - 44 2252 9100 F : 91 - 44 2252 3514  
CIN: U72900MH1996PLC104693

**Registered Office**  
L&T House, Ballard Estate  
Mumbai 400001, India



**L&T Infotech**

Date : July 09, 2015  
Ref : L&T Infotech / HR / 10605669

**WHOMSOEVER CONCERNED**

**SERVICE CERTIFICATE**

This is to certify that Mr. Aravindan T K has been working with us since January 17, 2014. Prior to his employment, he was working with us as a Trainee from January 17, 2013 to January 16, 2014. He has resigned on his own accord and has been relieved from the services of the company from the close of working hours of June 26, 2015. He was designated as a Software Engineer.

We wish Mr. Aravindan T K all the very best in his future endeavors.

For Larsen & Toubro Infotech Ltd.

A handwritten signature in black ink, appearing to read 'J.R. Rodrigues'.

June Rodrigues  
HR Manager



May 5, 2016

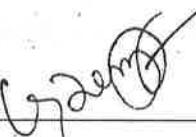
**Aravindan T.K  
Employee ID - 11503823  
Chennai**

**Dear Aravindan,**

This is with reference to your resignation dated March 23, 2016. The same has been accepted with regret. You are relieved from the services of CSC India Private Limited with effect from April 22, 2016.

We appreciate your contribution towards the organization and wish you success in your future endeavors.

**For CSC India Private Limited**

  
**Rajkumar Socrates Manoharan  
Associate Manager - Human Resources  
Corporate Shared Services India**

**Computer Sciences Corporation India Pvt. Ltd.,  
Unit 13, Block 2, SDF Buildings, MEPZ-SEZ, Tambaram Sanatorium, Chennai (Tamilnadu) - 600 045  
Ph: +91-44-22628080 / 22623880, Fax: +91-44-22628171 | [www.csc.com](http://www.csc.com)**

**Registered Office:**  
Computer Sciences Corporation India Pvt. Ltd., 7th Floor, Block 1B, DLF IT Park, Sivaji Garden,  
Moonlight Stop, Nandambakkam Post, Ramapuram, Chennai - 600 089. CIN : U60231TN1996PTC070000



May 5, 2016

To Whomsoever It May Concern

This is to certify that **Aravindan T.K** (EMP ID: 11503823) worked with  
**CSC India Private Limited, Chennai** from June 29, 2015 to April 22, 2016.

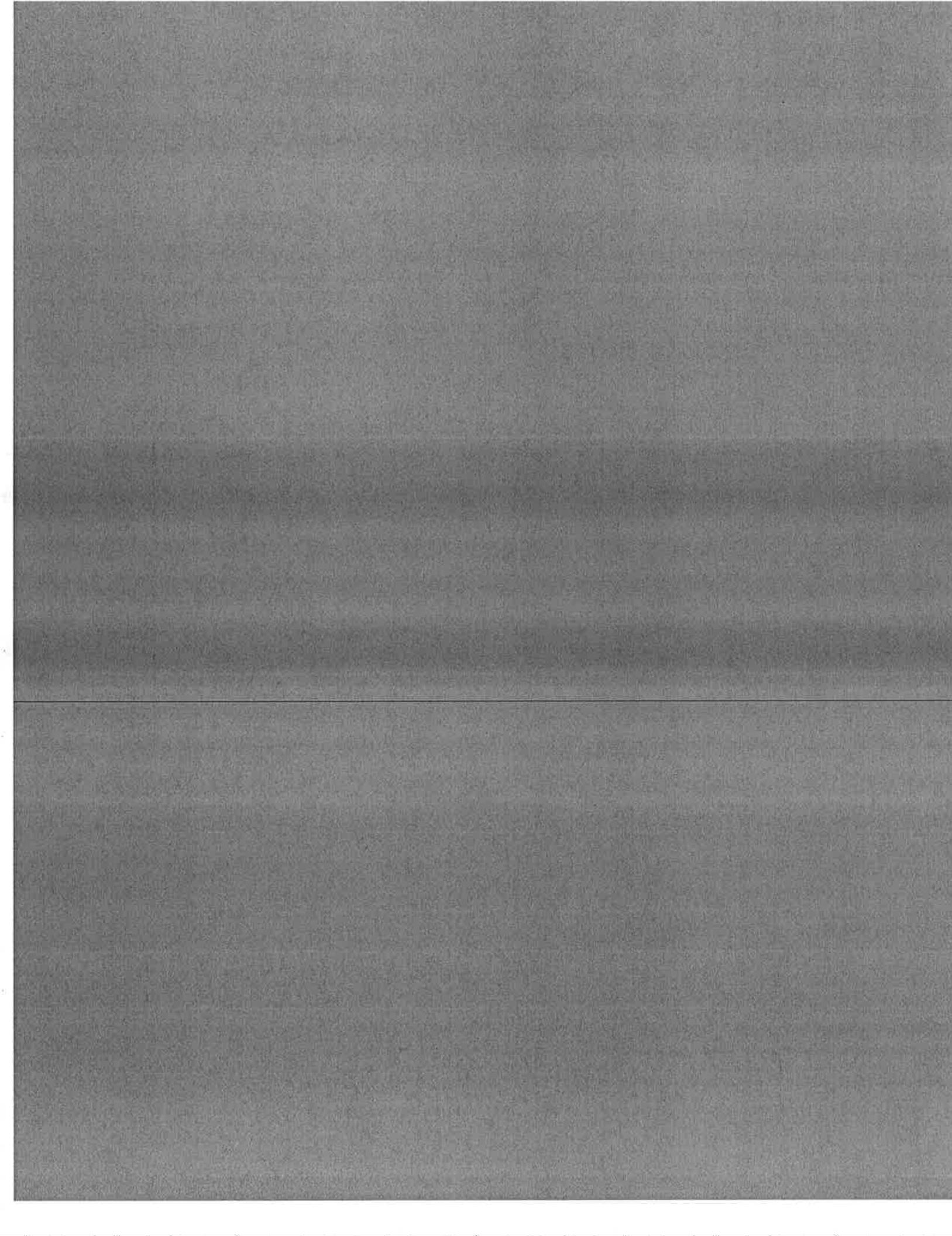
He was designated as **Professional 1: Programmer Analyst** at the time of  
leaving.

For CSC India Private Limited

Rajkumar Socrates Manoharan  
Associate Manager - Human Resources  
Corporate Shared Services India

**Computer Sciences Corporation India Pvt. Ltd.,**  
Unit 13, Block 2, SDF Buildings, MEPZ-SEZ, Tambaram Sanatorium, Chennai (Tamilnadu) - 600 045  
Ph: +91-44-22628080 / 22623880, Fax: +91-44-22628171 | [www.csc.com](http://www.csc.com)

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Moonlight Stop, Nandambakkam Post, Ramapuram, Chennai - 600 089. CIN : U60231TN1996PTC070000



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



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

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

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

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

Yes  No

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

Yes  No

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

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

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

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



Please read and review the filing instructions carefully before completing the ETA Form 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.dol.gov/>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor. If the employer has received permission from the Administrator of the Office of Foreign Labor Certification to submit this form non-electronically, ALL required fields/items containing an asterisk (\*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.

**A. Employment-Based Nonimmigrant Visa Information**

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

H-1B

**B. Temporary Need Information**

1. Job Title \* COMPUTER SYSTEMS ENGINEER 1

2. SOC (ONET/OES) code \*  
15-1199

3. SOC (ONET/OES) occupation title \*

COMPUTER OCCUPATIONS, ALL OTHER

4. Is this a full-time position? \*

Yes  No

**Period of Intended Employment**

5. Begin Date \* 08/28/2018  
(mm/dd/yyyy)

6. End Date \* 08/28/2021  
(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 the total workers in each applicable category based on the total workers identified above)

1

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 \*

0

c. Change in previously approved employment \*

0

f. Amended petition \*

**C. Employer Information**

1. Legal business name \* VIRTUSA CORPORATION

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

3. Address 1 \* 132 TURNPIKE ROAD

4. Address 2 SUITE 300

5. City \* SOUTHBOROUGH

6. State \* MA

7. Postal code \* 01772

8. Country \*  
UNITED STATES OF AMERICA

9. Province  
N/A

10. Telephone number \* 5083897451

11. Extension  
N/A

12. Federal Employer Identification Number (FEIN from IRS) \*  
043512883

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

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



**D. Employer Point of Contact Information**

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

1. Contact's last (family) name * CHAU	2. First (given) name * QUYEN	3. Middle name(s) *
4. Contact's job title * SENIOR MANAGER - HR		
5. Address 1 * 132 TURNPIKE ROAD		
6. Address 2 STE. 300		
7. City * SOUTHBOROUGH	8. State * MA	9. Postal code * 01772
10. Country * UNITED STATES OF AMERICA		11. Province N/A
12. Telephone number * 5083897451	13. Extension N/A	14. E-Mail address QCHAU@VIRTUSA.COM

**E. Attorney or Agent Information (If applicable)**

1. Is the employer represented by an attorney or agent in the filing of this application? * If "Yes", complete the remainder of Section E below.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Attorney or Agent's last (family) name § CARTER	3. First (given) name § KIRK	4. Middle name(s) §
5. Address 1 § 161 WORCESTER RD., STE. 501		
6. Address 2 N/A		
7. City § FRAMINGHAM	8. State § MA	9. Postal code § 01701
10. Country § UNITED STATES OF AMERICA		11. Province N/A
12. Telephone number § 5085323514	13. Extension N/A	14. E-Mail address BMASSOTE@FLETCHERTILTON.COM
15. Law firm/Business name § FLETCHER TILTON, PC		16. Law firm/Business FEIN § 042628601
17. State Bar number (only if attorney) § MA550002		18. State of highest court where attorney is in good standing (only if attorney) § MA
19. Name of the highest court where attorney is in good standing (only if attorney) § SUPREME JUDICIAL COURT		

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



**F. Rate of Pay**

1. Wage Rate (Required) From: \$ <u>60000.00</u> *	2. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
To: \$ <u>N/A</u>	

**G. Employment and Prevailing Wage Information**

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

**a. Place of Employment 1**

1. Address 1 * <u>7302 PACIFIC ST.</u>	2. Address 2
3. City * <u>OMAHA</u>	4. County * <u>DOUGLAS</u>
5. State/District/Territory * <u>NE</u>	6. Postal code * <u>68114</u>

**Prevailing Wage Information (corresponding to the place of employment location listed above)**

7. Agency which issued prevailing wage § N/A	7a. Prevailing wage tracking number (if applicable) § N/A
8. Wage level * <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	
9. Prevailing wage * \$ <u>54288.00</u>	10. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing wage source (Choose only one) * <input type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input checked="" type="checkbox"/> Other	
11a. Year source published * <u>2017</u>	11b. If "OES", <u>and</u> SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source § <u>OFLC ONLINE DATA CENTER</u>

**H. Employer Labor Condition Statements**

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

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

1. I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section H of the Labor Condition Application – General Instructions – Form ETA 9035CP. \*

Yes  No

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



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

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

**a. Subsection 1**

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

If you marked "Yes" to questions I.1 and/or I.2 and "No" to question I.3, you MUST read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all three (3) additional statements summarized below.

**b. Subsection 2**

- A. Displacement: Non-displacement of the U.S. workers in the employer's workforce
- B. Secondary Displacement: Non-displacement of U.S. workers in another employer's workforce; and
- C. Recruitment and Hiring: Recruitment of U.S. workers and hiring of U.S. workers applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

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

**J. Public Disclosure Information**

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

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

**K. Declaration of Employer**

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

1. Last (family) name of hiring or designated official * CHAU	2. First (given) name of hiring or designated official * QUYEN	3. Middle initial * .
4. Hiring or designated official title * SENIOR MANAGER - HR	5. Signature *	
		6. Date signed * 3/31/18

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



**L. LCA Preparer**

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

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

**M. U.S. Government Agency Use (ONLY)**

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

This certification is valid from 08/28/2018 to 08/28/2021

Certifying Officer  
Department of Labor, Office of Foreign Labor Certification

03/02/2018

Determination Date (date signed)

I-200-18057-086175

**CERTIFIED**

Case number

Case Status

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

**N. Signature Notification and Complaints**

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

Complaints alleging misrepresentation of material facts in the LCA and/or failure to comply with the terms of the LCA may be filed using the WH-4 Form with any office of the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at <http://www.dol.gov/esa>. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with the U.S. Department of Justice, Office of the Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW, Washington, DC, 20530. Please note that complaints should be filed with the Office of Special Counsel at the Department of Justice only if the violation is by an employer who is H-1B dependent or a willful violator as defined in 20 CFR 655.710(b) and 655.734(a)(1)(ii).

**O. OMB Paperwork Reduction Act (1205-0310)**

These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Obligations to reply are mandatory (Immigration and Nationality Act, Section 212(n) and (t) and 214(c)). Public reporting burden for this collection of information, which is to assist with program management and to meet Congressional and statutory requirements is estimated to average 1 hour per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Room C-4312, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**

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



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

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

Yes  No

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

Yes  No

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

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

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

Labor Condition Application for Nonimmigrant Workers  
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Please read and review the filing instructions carefully before completing the ETA Form 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.dol.gov/>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor. If the employer has received permission from the Administrator of the Office of Foreign Labor Certification to submit this form non-electronically, ALL required fields/items containing an asterisk (\*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Nonimmigrant Visa Information

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

H-1B

B. Temporary Need Information

1. Job Title \* COMPUTER SYSTEMS ENGINEER 1

2. SOC (ONET/OES) code \*  
15-1199

3. SOC (ONET/OES) occupation title \*

COMPUTER OCCUPATIONS, ALL OTHER

4. Is this a full-time position? \*

Yes  No

Period of Intended Employment

5. Begin Date \* 08/28/2018  
(mm/dd/yyyy)

6. End Date \* 08/28/2021  
(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 the total workers in each applicable category based on the total workers identified above)

1

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 \*

0

c. Change in previously approved employment \*

0

f. Amended petition \*

C. Employer Information

1. Legal business name \* VIRTUSA CORPORATION

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

3. Address 1 \* 132 TURNPIKE ROAD

4. Address 2 SUITE 300

5. City \* SOUTHBOROUGH

6. State \* MA

7. Postal code \* 01772

8. Country \*  
UNITED STATES OF AMERICA

9. Province  
N/A

10. Telephone number \* 5083897451

11. Extension N/A

12. Federal Employer Identification Number (FEIN from IRS) \*  
043512883

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

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**D. Employer Point of Contact Information**

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

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
CHAU	QUYEN	
4. Contact's job title * SENIOR MANAGER - HR		
5. Address 1 * 132 TURNPIKE ROAD		
6. Address 2 STE. 300		
7. City * SOUTHBOROUGH		8. State * MA
10. Country * UNITED STATES OF AMERICA		9. Postal code * 01772
12. Telephone number * 5083897451	13. Extension N/A	14. E-Mail address QCHAU@VIRTUSA.COM

**E. Attorney or Agent Information (If applicable)**

1. Is the employer represented by an attorney or agent in the filing of this application? * If "Yes", complete the remainder of Section E below.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Attorney or Agent's last (family) name § CARTER	3. First (given) name § KIRK	4. Middle name(s) §
5. Address 1 § 161 WORCESTER RD., STE. 501		
6. Address 2 N/A		
7. City § FRAMINGHAM		8. State § MA
10. Country § UNITED STATES OF AMERICA		9. Postal code § 01701
12. Telephone number § 5085323514	13. Extension N/A	14. E-Mail address BMASSOTE@FLETCHERTILTON.COM
15. Law firm/Business name § FLETCHER TILTON, PC		16. Law firm/Business FEIN § 042628601
17. State Bar number (only if attorney) § MA550002		18. State of highest court where attorney is in good standing (only if attorney) § MA
19. Name of the highest court where attorney is in good standing (only if attorney) § SUPREME JUDICIAL COURT		



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F. Rate of Pay

1. Wage Rate (Required) From: \$ <u>60000.00</u> *	2. Per: (Choose only one)* <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
To: \$ <u>N/A</u>	

G. Employment and Prevailing Wage Information

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

a. Place of Employment 1

1. Address 1 * <u>7302 PACIFIC ST.</u>	2. Address 2
3. City * <u>OMAHA</u>	4. County * <u>DOUGLAS</u>
5. State/District/Territory * <u>NE</u>	6. Postal code * <u>68114</u>

*Prevailing Wage Information (corresponding to the place of employment location listed above)*

7. Agency which issued prevailing wage \$ <u>N/A</u>	7a. Prevailing wage tracking number (if applicable) \$ <u>N/A</u>
8. Wage level * <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	
9. Prevailing wage * \$ <u>54288.00</u>	10. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year
11. Prevailing wage source (Choose only one) * <input type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input checked="" type="checkbox"/> Other	
11a. Year source published * <u>2017</u>	11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source \$ <u>OFLC ONLINE DATA CENTER</u>

H. Employer Labor Condition Statements

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

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

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

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

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

**a. Subsection 1**

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

If you marked “Yes” to questions I.1 and/or I.2 and “No” to question I.3, you MUST read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and indicate your agreement to all three (3) additional statements summarized below.

**b. Subsection 2**

- A. Displacement: Non-displacement of the U.S. workers in the employer's workforce
- B. Secondary Displacement: Non-displacement of U.S. workers in another employer's workforce; and
- C. Recruitment and Hiring: Recruitment of U.S. workers and hiring of U.S. workers applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

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

**J. Public Disclosure Information**

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

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

**K. Declaration of Employer**

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

1. Last (family) name of hiring or designated official * CHAU	2. First (given) name of hiring or designated official * QUYEN	3. Middle initial * .
4. Hiring or designated official title * SENIOR MANAGER - HR		
5. Signature *	6. Date signed * 3/31/18	

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**L. LCA Preparer**

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

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

**M. U.S. Government Agency Use (ONLY)**

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

This certification is valid from 08/28/2018 to 08/28/2021

*Certifying Officer*  
Department of Labor, Office of Foreign Labor Certification

03/02/2018

Determination Date (date signed)

I-200-18057-086175

**CERTIFIED**

Case number

Case Status

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

**N. Signature Notification and Complaints**

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

Complaints alleging misrepresentation of material facts in the LCA and/or failure to comply with the terms of the LCA may be filed using the WH-4 Form with any office of the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at <http://www.dol.gov/esa>. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with the U.S. Department of Justice, Office of the Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW, Washington, DC, 20530. Please note that complaints should be filed with the Office of Special Counsel at the Department of Justice only if the violation is by an employer who is H-1B dependent or a willful violator as defined in 20 CFR 655.710(b) and 655.734(a)(1)(ii).

**O. OMB Paperwork Reduction Act (1205-0310)**

These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Obligations to reply are mandatory (Immigration and Nationality Act, Section 212(n) and (t) and 214(c). Public reporting burden for this collection of information, which is to assist with program management and to meet Congressional and statutory requirements is estimated to average 1 hour per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Room C-4312, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0310.) Do NOT send the completed application to this address.

KCC/PIMS Copy

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03/20/18  
US Department of Homeland Security

TRUSTEE FOR CLIENTS/IOLTA  
CHECK NO.: 62733

DATE	DESCRIPTION	MATTER #	AMOUNT
03-20-18	Filing Fees (KAC)	45490.0054	460.00

03/20/18  
US Department of Homeland Security

TRUSTEE FOR CLIENTS/IOLTA  
CHECK NO.: 62733

DATE	DESCRIPTION	MATTER #	AMOUNT
03-20-18	Filing Fees (KAC)	45490.0054	460.00

03/20/18  
US Department of Homeland Security

TRUSTEE FOR CLIENTS/IOLTA  
CHECK NO.: 62942

DATE	DESCRIPTION	MATTER #	AMOUNT
03-20-18	Filing Fees (KAC)	45490.0054	500.00

03/20/18  
US Department of Homeland Security

TRUSTEE FOR CLIENTS/IOLTA  
CHECK NO.: 62942

DATE	DESCRIPTION	MATTER #	AMOUNT
03-20-18	Filing Fees (KAC)	45490.0054	500.00

03/20/18  
US Department of Homeland Security

TRUSTEE FOR CLIENTS/IOLTA  
CHECK NO.: 63151

DATE	DESCRIPTION	MATTER #	AMOUNT
03-20-18	Filing Fees (KAC)	45490.0054	1,500.00

03/20/18  
US Department of Homeland Security

TRUSTEE FOR CLIENTS/IOLTA  
CHECK NO.: 63151

DATE	DESCRIPTION	MATTER #	AMOUNT
03-20-18	Filing Fees (KAC)	45490.0054	1,500.00

03/20/18  
US Department of Homeland Security

TRUSTEE FOR CLIENTS/IOLTA  
CHECK NO.: 62068

DATE	DESCRIPTION	MATTER #	AMOUNT
03-20-18	Filing Fees (KAC)	45490.0054	4,000.00

03/20/18  
US Department of Homeland Security

TRUSTEE FOR CLIENTS/IOLTA  
CHECK NO.: 62068

DATE	DESCRIPTION	MATTER #	AMOUNT
03-20-18	Filing Fees (KAC)	45490.0054	4,000.00

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 FLETCHER TILLON PC CAD: 454578/MNET3980  
 161 WORCESTER ROAD, SUITE 501  
 FRAMINGHAM, MA 01702  
 UNITED STATES US

SHIP DATE: 30MAR18  
 ACCT/WGST: 10.00 LB  
 CAD: 454578/MNET3980  
 BILL SENDER

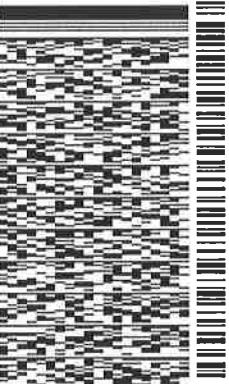
TO ATTN: H-1B CAP  
 USICS VSC  
 4 LEMNAH DRIVE

ST ALBANS VT 05479

(000) 000-0000

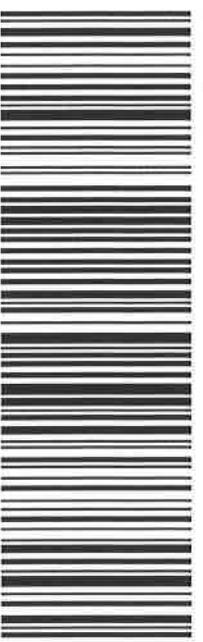
REF: H-1B CAP

DEPT:



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MPS# 11 of 25  
 0263 7718 3707 0615  
 Mst# 7718 3706 9298

[0201]

05479  
 VT-US  
 BTW

MON - 02 APR 12:00P  
 PRIORITY OVERNIGHT

#### After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
2. Fold the printed page along the horizontal line.
3. Place label in shipping pouch and affix it to your shipment so that the barcode portion of the label can be read and scanned.

**Warning:** Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on [fedex.com](http://fedex.com). FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.