

## THE UNITED STATES OF AMERICA

## I-797A | NOTICE OF ACTION

DEPARTMENT OF HOMELAND SECURITY  
U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number WAC1820851605	Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 06/22/2018	Priority Date
Notice Date 07/02/2018	Page 1 of 2
PERSISTENT SYSTEMS INC c/o ANIL JETHMALANI JETHMALANI & NALLASETH PLLC 41 43 BEEKMAN ST FLR 2 NEW YORK NY 10038	<b>Notice Type:</b> Approval Notice Petitioner PERSISTENT SYSTEMS INC. Beneficiary HASTI, RAJASEKHAR <b>Notice Type:</b> Approval Notice Class: H1B Valid from 06/22/2018 to 08/14/2019

The above petition and extension of stay have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Changes in employment or training may require you to file a new Form I-129 petition. Since this employment or training authorization stems from the filing of this petition, separate employment or training authorization documentation is not required. The I-94 attached below may contain a grace period of up to 10 days before, and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-2, P-3, TN-1, and TN-2. H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. The grace period is a period of authorized stay but does not provide the beneficiary authorization to work beyond the petition validity period. The decision to grant a grace period and the length of the granted grace period is discretionary, final and cannot be contested on motion or appeal. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, *Arrival-Departure Record*. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted an extension of stay who leaves the U.S. must normally obtain a new visa before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, *Application for Action on an Approved Application or Petition*, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

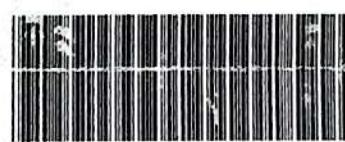
**THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.**

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

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

California Service Center  
U. S. CITIZENSHIP & IMMIGRATION SVC  
P.O. Box 30111  
Laguna Niguel CA 92607-0111

**Customer Service Telephone: 800-375-5283**



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

Detach This Half for Personal Records

**Receipt#** WAC1820851605

**I-94#** 234897960 56

**NAME** HASTI, RAJASEKHAR

**CLASS** H1B

**VALID FROM** 06/22/2018 **UNTIL** 08/24/2019

**PETITIONER**

PERSISTENT SYSTEMS INC,  
2055 LAURELWOOD RD STE 210  
SANTA CLARA CA 95054

234897960 56

**Receipt Number** WAC1820851605  
**US Citizenship and Immigration Services**

**I94 Departure Record**

**Petitioner:** PERSISTENT SYSTEMS INC

**14. Family Name**  
HASTI

**15. First (Given) Name**  
RAJASEKHAR

**16. Date of Birth**  
07/09/1982

**17. Country of Citizenship**  
INDIA

## THE UNITED STATES OF AMERICA

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

Receipt Number WAC1820851605		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 06/22/2018	Priority Date	Petitioner PERSISTENT SYSTEMS INC.
Notice Date 07/02/2018	Page 2 of 2	Beneficiary HASTI, RAJASEKHAR

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

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

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U. S. CITIZENSHIP & IMMIGRATION SVC  
P.O. Box 30111  
Laguna Niguel CA 92607-0111

Customer Service Telephone: 800-375-5283



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

Detach This Half for Personal Records

Rec'd I-94#	VOID	VOID	VOID
NAM CLASS	VOID	VOID	VOID
VAL PETITIONER	VOID	VOID	VOID
	VOID	VOID	VOID
	VOID	VOID	VOID
	VOID	VOID	VOID

Rec'd I-94#	VOID	VOID	VOID
US Citizenship and Immigration Services			
I-94 Departure Record			
Petitioner	VOID	VOID	VOID
14. Family Name			
15. First (Given) Name			
16. Date of Birth			
17. Country of Citizenship			
	VOID	VOID	VOID
	VOID	VOID	VOID
	VOID	VOID	VOID



# 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: _____ No. of Workers: _____ Job Code: _____ Validity Dates: _____ From: _____ To: _____	<input type="checkbox"/> Classification Approved <input type="checkbox"/> Consulate/POE/PFI Notified At: _____ <input type="checkbox"/> Extension Granted <input type="checkbox"/> COS/Extension Granted		

► START HERE - Type or print in black ink.

## Part 1. Petitioner Information

If you are an individual filing this petition, complete Item Number 1. If you are a company or an organization filing this petition, complete Item Number 2.

### 1. Legal Name of Individual Petitioner

Family Name (Last Name)

P / M

Given Name (First Name)

Middle Name

### 2. Company or Organization Name

PERSISTENT SYSTEMS INC.

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

In Care Of Name

PRAVIN TARDE, GENERAL MANAGER - HR

Street Number and Name

2055 LAURELWOOD ROAD

Apt. Ste. Flr. Number

210

City or Town

SANTA CLARA

State

CA

ZIP Code

95054

Province

Postal Code

Country

United States

### 4. Contact Information

Daytime Telephone Number

4082167010

Mobile Telephone Number

Email Address (if any)

IMMIGRATION@PERSISTENT.COM

### 5. Other Information

Federal Employer Identification Number (FEIN)

► 77-0584954

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." ► **W A C 1 7 0 7 5 5 0 5 0 6**
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

**NA**

## 2. Provide Name of Beneficiary

Family Name (Last Name)

Given Name (First Name)

Middle Name

**HASTI****RAJASEKHAR**

## 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




## 4. Other Information

Date of birth

(mm/dd/yyyy) **07/09/1982**

Gender

 Male Female

U.S. Social Security Number (if any)

**0 5 8 7 5 7 4 3 7**

**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) ► A- <input type="text"/>	Country of Birth INDIA												
Province of Birth ANDHRA PRADESH	Country of Citizenship or Nationality INDIA												
<b>5. If the beneficiary is in the United States, complete the following:</b>													
Date of Last Arrival (mm/dd/yyyy) 05/04/2018	I-94 Arrival-Departure Record Number ► <table border="1"><tr><td>2</td><td>3</td><td>4</td><td>8</td><td>9</td><td>7</td><td>9</td><td>6</td><td>0</td><td>5</td><td>6</td></tr></table>	2	3	4	8	9	7	9	6	0	5	6	Passport or Travel Document Number Z2248458
2	3	4	8	9	7	9	6	0	5	6			
Date Passport or Travel Document Issued (mm/dd/yyyy) 07/02/2011	Date Passport or Travel Document Expires (mm/dd/yyyy) 07/01/2021	Passport or Travel Document Country of Issuance INDIA											
Current Nonimmigrant Status H-1B	Date Status Expires or D/S (mm/dd/yyyy) 08/14/2019												
Student and Exchange Visitor Information System (SEVIS) Number (if any) NA	Employment Authorization Document (EAD) Number (if any) NA												
<b>6. Current Residential U.S. Address (if applicable) (do not list a P.O. Box)</b>													
Street Number and Name 870 ELMSBROOK LANE	Apt. Ste. Flr. Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>												
City or Town ALPHARETTA	State GA	ZIP Code 30004											

**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): <input checked="" type="checkbox"/> Consulate <input type="checkbox"/> Pre-flight inspection <input type="checkbox"/> Port of Entry		
b. Office Address (City) HYDERABAD	c. U.S. State or Foreign Country INDIA	
<b>d. Beneficiary's Foreign Address</b>		
Street Number and Name 20-2-507D1 KORLAGUNTA	Apt. Ste. Flr. Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
City or Town TIRUPATHI	State ANDHRA PRADESH	
Province <input type="text"/>	Postal Code 517501	Country INDIA
2. Does each person in this petition have a valid passport? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 NA
- 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.  
NA

#### 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

SR. COMPUTER PROGRAMMER ANALYST II

2. LCA or ETA Case Number

I-200-18163-241301

## 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

870 ELMSBROOK LANE + SEE PAGE 8 FOR 2ND & 3RD WORK LOCATIONS

Apt. Ste. Flr. Number

City or Town

ALPHARETTA

State

GA

ZIP Code

30004

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? ►  NA
9. Wages: \$  121,320 per (Specify hour, week, month, or year) ►  YEAR

### 10. Other Compensation (Explain)

11. Dates of intended employment From: (mm/dd/yyyy)  06/22/2018 To: (mm/dd/yyyy)  08/14/2019

### 12. Type of Business

SOFTWARE DEVELOPMENT & CONSULTANCY SERVICES

### 13. Year Established

2001

### 14. Current Number of Employees in the United States

650+

### 15. Gross Annual Income

\$229 MILLION

### 16. Net Annual Income

\$2.98 MILLION

## 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:

- 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
- 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)

TARDE

Given Name (First Name)

PRAVIN

Title

GENERAL MANAGER - HR

**2. Signature and Date**

Signature of Authorized Signatory



Date of Signature

(mm/dd/yyyy) 06/20/2018

**3. Signatory's Contact Information**

Daytime Telephone Number

4082167010

Email Address (if any)

IMMIGRATION@PERSISTENT.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)

JETHMALANI SHARMA

Given Name (First Name)

ANIL SONAL

**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).)

Jethmalani & Nallaseth PLLC

**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

41-43 BEEKMAN STREET

Apt. Ste. Flr. Number

2ND

City or Town

NEW YORK

State

NY

ZIP Code

10038

Province

Postal Code

Country

United States

**4. Preparer's Contact Information**

Daytime Telephone Number

2124069257

Fax Number

2124069481

Email Address (if any)

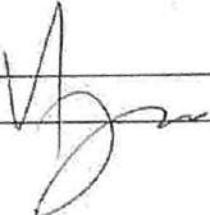
shireen@jnattorney.com

**Preparer's Declaration**

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

**5. Signature and Date**

Signature of Preparer



Date of Signature

(mm/dd/yyyy) 06/20/2018

## Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of Part 9. to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number**, **Part Number** and **Item Number** corresponding to the additional information.

1. A-Number ► A-

2. **Page Number**  **Part Number**  **Item Number**   
4 4 9

Have you ever previously filed a nonimmigrant petition for this beneficiary?

WAC1707550506

WAC1521850864

EAC1417051696

3. **Page Number**  **Part Number**  **Item Number**   
5 5 3

Address where the beneficiary(ies) will work if different from address in Part 1.

WORK LOCATION 2

PRICEWATERHOUSE COOPERS LLP, 600 13TH ST NW, WASHINGTON DC, DC 20005

WORK LOCATION 3

PRICEWATERHOUSE COOPERS LLP, 1000 WILSON BOULEVARD, #2400, ARLINGTON, VA 22209

4. **Page Number**  **Part Number**  **Item Number**



## 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

PERSISTENT SYSTEMS INC.

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

2.a. Name of the Beneficiary

RAJASEKHAR HASTI

OR

2.b. Provide the total number of beneficiaries

NA

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
RAJASEKHAR HASTI - H-1B	09/14/2014	02/06/2015
RAJASEKHAR HASTI - H-1B	03/08/2015	04/06/2018
RAJASEKHAR HASTI - H-1B	05/04/2018	PRESENT

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

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

1. Describe the proposed duties.

PLEASE REFER TO THE EMPLOYER'S LETTER FOR DETAILS.

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

THE BENEFICIARY HAS RELEVANT PROFESSIONAL EXPERIENCE IN THE IT FIELD.

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PLEASE REFER TO THE EMPLOYER'S LETTER FOR DETAILS.

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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	Date (mm/dd/yyyy)
	PRAVIN TARDE	06/20/2018

**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	Date (mm/dd/yyyy)
	PRAVIN TARDE	06/20/2018

**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	Date (mm/dd/yyyy)

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

1. Employment is: (select only one box)

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

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

a. Unpredictable       b. Periodic       c. Recurrent annually



# H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement

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

USCIS

Form I-129

OMB No. 1615-0009

Expires 12/31/2018

1. Name of the Petitioner

PERSISTENT SYSTEMS INC.

2. Name of the Beneficiary

RAJASEKHAR HASTI

## 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

COMPUTER ENGINEERING

4. Rate of Pay Per Year

\$121,320

5. DOT Code

0	3	0
---	---	---

6. NAICS Code

5	4	1	5	1	2
---	---	---	---	---	---

## Section 2. Fee Exemption and/or Determination

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

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

## Section 2. Fee Exemption and/or Determination (continued)

3. Are you a nonprofit research organization or a governmental research organization, as defined in 8 CFR 214.2(h)(19)(iii)(C)?  Yes  No
4. Is this the second or subsequent request for an extension of stay that this petitioner has filed for this alien?  Yes  No
5. Is this an amended petition that does not contain any request for extensions of stay?  Yes  No
6. Are you filing this petition to correct a USCIS error?  Yes  No
7. Is the petitioner a primary or secondary education institution?  Yes  No
8. Is the petitioner a nonprofit entity that engages in an established curriculum-related clinical training of students registered at such an institution?  Yes  No

If you answered yes to any of the questions above, you are not required to submit the ACWIA fee for your H-1B Form I-129 petition. If you answered no to all questions, answer Item Number 9. below.

9. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization?  Yes  No

If you answered yes, to Item Number 9. above, you are required to pay an additional ACWIA fee of \$750. If you answered no, then you are required to pay an additional ACWIA fee of \$1,500.

**NOTE:** A petitioner seeking initial approval of H-1B nonimmigrant status for a beneficiary, or seeking approval to employ an H-1B nonimmigrant currently working for another employer, must submit an additional \$500 Fraud Prevention and Detection fee. For petitions filed on or after December 18, 2015, an additional fee of \$4,000 must be submitted if you responded yes to Item Numbers 1.d. and 1.d.1. of Section 1. of this supplement. This \$4,000 fee was mandated by the provisions of Public Law 114-113.

The Fraud Prevention and Detection Fee and Public Law 114-113 fee do not apply to H-1B1 petitions. These fees, when applicable, may not be waived. You must include payment of the fees when you submit this form. Failure to submit the fees when required will result in rejection or denial of your submission. Each of these fees should be paid by separate checks or money orders.

## Section 3. Numerical Limitation Information

1. Specify the type of H-1B petition you are filing. (select only one box):

- a. CAP H-1B Bachelor's Degree       c. CAP H-1B1 Chile/Singapore  
 b. CAP H-1B U.S. Master's Degree or Higher       d. CAP Exempt

2. If you answered Item Number 1.b. "CAP H-1B U.S. Master's Degree or Higher," provide the following information regarding the master's or higher degree the beneficiary has earned from a U.S. institution as defined in 20 U.S.C. 1001(a):

- a. Name of the United States Institution of Higher Education

- 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  
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

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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  
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U.S. Department of Labor



Please read and review the filling 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 \* SR. COMPUTER PROGRAMMER ANALYST II

2. SOC (ONET/OES) code \*

15-1121

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

COMPUTER SYSTEMS ANALYSTS

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

Yes  No

Period of Intended Employment

5. Begin Date \* 06/19/2018  
(mm/dd/yyyy)

6. End Date \* 08/14/2019  
(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)

0

a. New employment \*

0

d. New concurrent employment \*

0

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

0

e. Change in employer \*

0

c. Change in previously approved employment \*

1

f. Amended petition \*

C. Employer Information

1. Legal business name \* PERSISTENT SYSTEMS, INC.

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

3. Address 1 \* 2055 LAURELWOOD ROAD

4. Address 2 SUITE 210

5. City \* SANTA CLARA

6. State \* CA

7. Postal code \* 95054

8. Country \* UNITED STATES OF AMERICA

9. Province  
N/A

10. Telephone number \* 4082167010

11. Extension N/A

12. Federal Employer Identification Number (FEIN from IRS) \*  
770564954

13. NAICS code (must be at least 4-digits) \*  
541512



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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) *
TARDE	PRAVIN	NA
4. Contact's job title * GENERAL MANAGER-HUMAN RESOURCES		
5. Address 1 * 2055 LAURELWOOD ROAD		
6. Address 2 SUITE 210		
7. City * SANTA CLARA		8. State * CA 9. Postal code * 95054
10. Country * UNITED STATES OF AMERICA		11. Province N/A
12. Telephone number * 4082167010	13. Extension N/A	14. E-Mail address IMMIGRATION@PERSISTENT.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 §	3. First (given) name §	4. Middle name(s) §
JETHMALANI	ANIL	NA
5. Address 1 § 41-43 BEEKMAN STREET		
6. Address 2 2ND FLR		
7. City § NEW YORK		8. State § NY 9. Postal code § 10038
10. Country § UNITED STATES OF AMERICA		11. Province NEW YORK
12. Telephone number § 2124069257	13. Extension N/A	14. E-Mail address PRASHANT@JNATTORNEY.COM
15. Law firm/Business name § JETHMALANI & NALLASETH PLLC		16. Law firm/Business FEIN § 461090340
17. State Bar number (only if attorney) § 2136562		18. State of highest court where attorney is in good standing (only if attorney) § NY
19. Name of the highest court where attorney is in good standing (only if attorney) § SUPREME COURT		



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F. Rate of Pay

1. Wage Rate (Required) From: \$ <u>82326.00</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>121320.00</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 (Also see ADDENDUM 1 - Additional Worksites)

1. Address 1 * <u>870 ELMSBROOK LANE</u>	2. Address 2
3. City * <u>ALPHARETTA</u>	4. County * <u>FULTON</u>
5. State/District/Territory * <u>GA</u>	6. Postal code * <u>30004</u>
<i>Prevailing Wage Information (corresponding to the place of employment location listed above)</i>	
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 type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	9. Prevailing wage * \$ <u>74734.00</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 checked="" type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input 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
--	---

Labor Condition Application for Nonimmigrant Workers  
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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 (Also see ADDENDUM 1 - Additional Worksites)**

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 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 * TARDE	2. First (given) name of hiring or designated official * PRAVIN	3. Middle initial * N/A
4. Hiring or designated official title * GENERAL MANAGER-HUMAN RESOURCES		
5. Signature *	6. Date signed * 06/20/2018	

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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 06/19/2018 to 08/14/2019.

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

06/19/2018

Determination Date (date signed)

I-200-18163-241301

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 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

Addendum #1

G. Employment and Prevailing Wage Information

b. Place of Employment 2

1. Address 1 *	600 13TH ST NW				
2. Address 2	N/A				
3. City *	WASHINGTON DC				
5. State/District/Territory *	DC				
<i>Prevailing Wage Information (corresponding to the place of employment location listed above)</i>					
7. State Workforce Agency which issued prevailing wage § N/A	7a. Prevailing wage tracking number (if provided by SWA) § N/A				
8. Wage level *	<input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A				
9. Prevailing wage * \$ 82326.00	10. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year				
11. Prevailing wage source (Choose only one) *	<input checked="" type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other				
11a. Year source published * 2017	11b. If "OES" and SWA did not issue prevailing wage OR "Other" in question 11, specify source § OFLC ONLINE DATA CENTER				

c. Place of Employment 3

1. Address 1 *	1000 WILSON BOULEVARD				
2. Address 2	# 2400				
3. City *	ARLINGTON				
5. State/District/Territory *	VA				
<i>Prevailing Wage Information (corresponding to the place of employment location listed above)</i>					
7. State Workforce Agency which issued prevailing wage § N/A	7a. Prevailing wage tracking number (if provided by SWA) § N/A				
8. Wage level *	<input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A				
9. Prevailing wage * \$ 82326.00	10. Per: (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year				
11. Prevailing wage source (Choose only one) *	<input checked="" type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other				
11a. Year source published * 2017	11b. If "OES" and SWA did not issue prevailing wage OR "Other" in question 11, specify source § OFLC ONLINE DATA CENTER				



June 20, 2018

**Premium Processing**

U.S. Department of Homeland Security  
US Citizenship and Immigration Services  
**California Service Center**  
Attn: I-129 (H-1B Amendment)  
24000 Avila Road, 2<sup>nd</sup> Floor Room# 2312  
Laguna Niguel, CA - 92677

**Re: Premium Processing of an Amendment of H-1B Non-Immigrant 'Specialty Occupation' Petition.**

**Petitioner :** Persistent Systems, Inc.  
**Beneficiary :** Mr. Rajasekhar Hasti  
**Occupation :** Sr. Computer Programmer Analyst II

Dear Service Center Director:

This letter is written in support of our request for an amendment of an H-1B non-immigrant approval on behalf of Mr. Hasti, whose professional services we require for a temporary period, to serve as a Sr. Computer Programmer Analyst II.

Mr. Hasti is currently in the US pursuant to H-1B approval **WAC-17-075-50506** valid till **August 14, 2019**.

He will continue to be employed by us as a Sr. Computer Programmer Analyst II on a salary of \$ 121,320 per year for a temporary period until **August 14, 2019 (same end date as his current approval)**. Mr. Hasti's professional services are now required for a project for another client PricewaterhouseCoopers Public Sector LLP (PwC) at their offices in 600 13th Street NW, Washington, DC 20005, 1000 Wilson Boulevard # 2400, Arlington, VA 22209 & also occasionally and remotely work from his residence at 870 Elmbrook Lane, Alpharetta, GA 30004. Therefore a new LCA and a new Form I-129 petition are being filed to record this amendment.

Evidence of the specialty occupation work available for the beneficiary and of our employer-employee relationship with him has been provided in this letter

**PETITIONER INFORMATION AND BACKGROUND**

Persistent Systems, Inc. ('PSI'), the US petitioner, was established as a wholly owned subsidiary of the parent company in October 2001 for the purpose of strengthening the international standing of the corporate group and to enhance the parent company's global business.

Approximately 85% of our revenue currently is generated from customers based in the US. Over the last 17 years, PSI has garnered several crucial contracts with key companies in the US and



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business negotiations are constantly underway to acquire several more contracts. It has grown dramatically and our most recent US turnover is in excess of \$229 million with a US workforce of 650+ qualified professionals.

Persistent Systems Limited (hereinafter referred to as 'the parent company'), was incorporated in India 27 years ago, in May 1990. The company specializes in providing software product development and technology services.

With a global work force of 9,000+ employees and cumulative revenue exceeding \$ 400 million, the Persistent Systems Group is focused on extending our customers' portfolio of products and has established an impeccable delivery record with over 400 satisfied customers worldwide. Over the last 5 years, our Y-o-Y growth has been over 14%.

We have attached our **Corporate Fact Sheet** which will confirm the nature, scope, size and regulations of our multinational software development & solutions Company, and the many industry verticals that we serve. Please visit our website at [www.persistentsystems.com](http://www.persistentsystems.com) to learn more about our products and the services our company provides

#### **EMPLOYER-EMPLOYEE RELATIONSHIP**

As evidence of our employer-employee relationship we have attached Mr. Hasti's:

- o Appraisal Process
- o Continuing Deputation letter to our US office
- o US Pay Slips
- o Organization chart

As clearly stated in this letter of deputation, our Company has the sole and exclusive right to control his employment and the manner and means of accomplishing the services to be performed. Though placed at a client site he will be supervised by our own Sr. Delivery Manager.

#### **AVAILABILITY OF SPECIALTY OCCUPATION WORK**

As a Sr. Computer Programmer Analyst II, Mr. Hasti shall continue to analyze the client's needs and systems and provide technical solutions for improvements and conduct systems testing. He will analyze user needs and develop software solutions as per client requirements. He will now be based at our client, PricewaterhouseCoopers Public Sector LLP (PwC) at their offices in 600 13th Street NW, Washington, DC 20005, 1000 Wilson Boulevard # 2400, Arlington, VA 22209 & also occasionally and remotely work from his residence at 870 Elmbrook Lane, Alpharetta, GA 30004.

We have an ongoing Agreement with Price Waterhouse Coopers and a copy of the Subcontract along with the modification to the subcontract which extends the Agreement until December 2018 and have been attached as evidence of the non-speculative nature of this filing, and our need for professionals such as Mr. Hasti.



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We believe that by following the required preponderance of evidence standard, the attached Subcontract and all the other attached documentation will confirm the specialty occupation work available for the beneficiary and our employer-employee relationship..

### SPECIALTY OCCUPATION POSITION

Mr. Hasti will be working on the Nationwide Multistate Licensing System ("Nationwide Mortgage Licensing System," NMLS," or the "System") which is the system of record for non-depository, financial services licensing or registration in participating state agencies, including the District of Columbia and U.S. Territories of Puerto Rico, the U.S. Virgin Islands, and Guam. In these jurisdictions, NMLS is the official system for companies and individuals seeking to apply for, amend, renew and surrender license authorities managed through NMLS by 62 state or territorial governmental agencies. NMLS itself does not grant or deny license authority.

NMLS is the sole system of licensure for mortgage companies for 58 state agencies and the sole system of licensure for Mortgage Loan Originators (MLOs) for 59 state and territorial agencies. Over three-quarters of the states also currently manage additional license types through the System in the money services business, debt and consumer finance industries.

NMLS is also the system of record for the registration of depositories, subsidiaries of depositories, and MLOs under the Consumer Financial Protection Bureau's Regulation G (S.A.F.E. Mortgage Licensing Act – Federal Registration of Residential Mortgage Loan Originators), published December 19, 2011.

Mr. Hasti's complex & specific key duties for this project will include:

- **Requirement Gathering** – Involved in detailed requirement gathering discussion with key stakeholders. Understanding complete business flow and then requirements will be translated into Functional Specification Documents. Functional business workflows in Appian that will be created based on the functional specification document.
- **Application Architecture Design** – Involved in designing highly scalable, maintainable, fault tolerant system which not only works in desktop machines but also on different gadgets e.g. Tabs and Mobiles (iPhone, Android, Windows). Designing, integrating multiple external systems for e.g. databases, web-services, -Active Directory. Due consideration of transactions, authentication, authorization, exception management & caching. Creation of design document and signoff from key stakeholders.
- **Application Development and Unit Testing** – Development will start with creation of Proof of Concepts to verify the feasibility of the design and architecture of the application. This POC is demo to the key stakeholders. After demo, process orchestration as per design and business rules creation will kick off. Development process will completed with the through unit testing of each functional flow.



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- **Team Management and Communication**— Agile process will be followed for these projects and as a Scrum master need to track team's daily status of the assigned tasks, backlog items, mitigating any major issues, Sprint planning and tracking. This will also involve status update to product owner and discussion and clarification with him in case of any doubts regarding requirement raised by team members.
- **Application Release Management and Deployments** – Application deployment on different environments e.g. QA, UAT and Production servers. This will include inspection and packaging of the code from source environment, creating a detailed deployment document which will include pre-deployment, deployment and post deployments steps. Also, history of releases and approver signoff for the deployment needs to capture in the document. Coordinating with admin team during the deployment. In addition, Mr. Hasti will continue to manage the scope of the project, through which he effectively applies our methodology and enforces project standards. He will continue to manage change control, issues escalation and resolution, schedule, costs and resources.

In addition, Mr. Hasti will continue to be involved in programming, as well as in systems integration, trouble-shooting, and implementation of software applications/solutions. He will maintain thorough and accurate documentation on all application systems and adhere to established programming and documentation standards.

He will continue to provide technical evaluation of updated products, assess time estimation and provide technical support within the organization. He will be responsible for updating existing software systems and appraising management on the software that is developed to increase business efficiency or adapt to new requirements.

This is not an entry-level position and the complexity of the project and its associated duties described above qualify the position as a 'specialty occupation' requiring the services of a professional. The complexity of the job duties and the responsibilities of this position are clearly those of a 'specialty occupation', requiring the services of a professional. The minimum requirements for this professional position are a Bachelor's degree or its equivalent in computer science, engineering (Electronic/Computer) or a closely related field.

We would not consider anyone with lesser qualifications for this professional position. These requirements are the standard minimum requirements within the industry as well.

The USCIS has approved several of our H-1B petitions for similar positions and has repeatedly recognized that the position involves a 'specialty occupation', which can only be filled by a 'professional'.

#### BENEFICIARY'S QUALIFICATIONS

Mr. Hasti is extremely well qualified for the position. He has a **Bachelor of Technology Degree in Computer Science & Information Technology** from a reputed university in India. His coursework included Computer Programming, Data Processing & File Organization, Electrical Technology,



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Object Oriented Programming, JAVA Programming, Visual Programming Techniques and several other relevant modules.

Moreover, Mr. Hasti has relevant professional experience in the IT field with experience Enterprise application Integration and all phases of the Software development life cycle (SDLC). His has expertise in architecture, design and development of Appain BPM applications and integrations with other platform solutions. He has collective experience Scrum methodology, Agile and Waterfall software development model. Mr. Hasti is also a certified Appian Application Designer and analyst.

Mr. Hasti's education has been evaluated by **The Trustforte Corporation**, a recognized and established evaluator, as being equivalent to a **Bachelor of Science Degree in Computer Engineering** from an accredited US college or university.

### CONCLUSION

There is no question that the position is at a professional level and that Mr. Hasti's professional services continue to be required in such a position. He continues to qualify for the position by virtue of his educational qualifications. These are the standard minimum requirements for the position in the industry as well as in our organization.

In light of the professional nature of the employment, Mr. Hasti's qualifications, experience and our genuine need for his continuing services, we respectfully request that the amendment petition be approved.

Thank you for your attention to this matter.

Sincerely,

Pravin Tarde  
General Manager- Human Resources



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**ITINERARY**

Employer: Persistent Systems, Inc.

Head Office: Persistent Systems, Inc.  
2055 Laurelwood Road  
Santa Clara, CA 95054

Employee: Mr. Rajasekhar Hasti

Job Title: Sr. Computer Programmer Analyst II

Location of Work: PricewaterhouseCoopers Public Sector LLP (PwC)  
600 13th Street NW,  
Washington,  
DC 20005

&

1000 Wilson Boulevard # 2400,  
Arlington,  
VA 22209

&

(Residence)  
870 Elmbrook Lane,  
Alpharetta,  
GA 30004.

Duration: For the entire period of H-1B Approval.

Signature:

Name: Pravin Tarde

Date: June 20, 2018



## THE TRUSTFORTE CORPORATION

271 Madison Avenue, Third Floor, New York, New York 10016  
Tel: 212-481-4870 • Fax: 212-481-4971, 4972  
Email: [Info@trustfortecorp.com](mailto:Info@trustfortecorp.com) [www.trustfortecorp.com](http://www.trustfortecorp.com)

### ACADEMIC EQUIVALENCY EVALUATION

Date: April 24, 2012

Name: **HASTI, Rajasekhar**  
Country: India

Degree: Bachelor of Technology  
Institution: Jawaharlal Nehru Technological University  
Dates: 1999-2003  
Date of Completion: April, 2003

Educational Equivalent in the United States:

#### BACHELOR OF SCIENCE DEGREE IN COMPUTER ENGINEERING

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The following is an analysis and advisory evaluation of the academic credentials of Mr. Rajasekhar Hasti. As discussed herein, Mr. Hasti completed a four-year bachelor's-level program in Computer Science and Information Technology at Jawaharlal Nehru Technological University, in India. Based on the foregoing academic credentials, I find that Mr. Hasti attained the foreign equivalent of a four-year Bachelor of Science Degree in Computer Engineering from an accredited US college or university.

In 1999, Mr. Hasti Commenced post-secondary studies in a four-year bachelor's-level program in Computer Science and Information Technology at Jawaharlal Nehru Technological University, in India. The University is an accredited institution of higher education in India. Admission to the bachelors' degree programs offered by Jawaharlal Nehru Technological University is based on the completion of secondary-level studies and competitive entrance examinations.

Mr. Hasti completed the general studies and specialized studies which lead to a four-year Bachelor of Technology Degree. The general studies included entry-level courses which are a requisite component of a bachelor's degree from an institution of higher education in the United States. Based on the subject matter and credit hours of these courses, most such courses would qualify as equivalent to courses in US colleges and universities.



Additionally from 1999 through 2003, Mr. Hasti completed advanced bachelor's-level coursework in Computer Science and Information Technology. The curriculum of the program in Computer Science and Information Technology at the University typically includes classes and examinations in Data Structures and Programming Methodology, Discrete Structures, Computer Organization, Computer Architecture, Database Systems, Systems Programming, Operating Systems, Microprocessors, Systems Software, Automata Theory, and related subjects. Following his completion of the required classes and examinations, in April, 2003, Mr. Hasti was awarded a Diploma for a four-year Bachelor of Technology Degree by Jawaharlal Nehru Technological University. The nature of the courses and the credit hours involved indicate that he attained the foreign equivalent of a four-year Bachelor of Science Degree in Computer Engineering from an accredited US college or university.

Accordingly, based on the reputation of the academic programs offered by Jawaharlal Nehru Technological University, the number of years of coursework, the nature of the coursework, the grades attained in the courses, and the hours of academic coursework, it is the judgment of The Trustforte Corporation that Mr. Rajasekhar Hasti attained the foreign equivalent of a four-year Bachelor of Science Degree in Computer Engineering from an accredited college or university in the United States.

This evaluation is based on copies of the original documents provided by Mr. Hasti and represented to be authentic and true copies of the original documents. We have no reason to doubt the authenticity and accuracy of these documents. This is a true 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 ("USCIS"). The Trustforte Corporation is a credentials evaluation service and academic advisory firm specializing in the evaluation of foreign educational credentials. Past academic equivalency evaluations of The Trustforte Corporation have been accepted regularly by the USCIS and various US educational institutions.

Corporate Seal

Barry S. Silberzweig, B.A., J.D., M.B.A., Evaluator; Member, American Association of Collegiate Registrars and Admissions Officers (AACRAO), NAFSA: Association of International Educators, and National Association of Graduate Admissions Professionals (NAGAP).  
*For detailed statement of qualifications and experience of evaluator, see attached resume.*

- References:
1. AACRAO EDGE. *AACRAO Electronic Database for Global Education (EDGE)*. Online database, v.1.0. 2004-2006. AACRAO. August 19, 2008. [www.aacraoedge.org](http://www.aacraoedge.org).
  2. Central Intelligence Agency (CIA). *The World Factbook 2008*. Dulles, Virginia: Potomac Books, Inc., December 1, 2007.



3. International Association of Universities. *International Handbook of Universities*. 19<sup>th</sup> ed. Paris, France: UNESCO House, 1 Rue Miollis, October 16, 2007.
4. Association of Indian Universities. *Universities Handbook*. 31<sup>st</sup> ed. New Delhi, India: AIU House, 16 Kotla Marg, 2006.
5. The American Council on Education's College Credit Recommendation Service (CREDIT). *2004-2005 National Guide to Education Credit for Training Programs*. Westport, CT: Greenwood Publishing Group, Inc., August 30, 2004.
6. Feagles, Shelley, ed. *A Guide to Educational Systems Around the World*. CD. Washington, DC: NAFSA: Association of International Educators. 1999-2008.

## BARRY SILBERZWEIG

### EXPERIENCE

- 1994-      **The Trustforte Corporation**  
*President, Evaluator*  
  
Perform evaluations of foreign educational credentials; provide analysis with regard to education, immigration, and legal issues; assist clients with admissions requirements and procedures for college and graduate school programs; oversee research, analysis, and evaluation of foreign academic credentials; manage client relationships.
- 1992-93     **Intercontinental Resources Development, Ltd.**  
*Evaluator and General Counsel*  
  
Performed evaluations of foreign educational credentials; negotiated commercial transactions in former Soviet Union; assisted in the establishment of graduate business schools in Republics of the former Soviet Union; advised clients with respect to US Government programs, financing alternatives, and admissions requirements and procedures for college and graduate school programs.
- Spring      **Sumitomo Corporation (Tokyo, Japan)**  
Summer  
1991       Studied comparative systems of higher education in the United States and Japan; assisted with requirements and procedures for admission to US college and graduate school programs; trained in investment and project finance, political risk analysis, and export/import management.
- 1986-1990    **Graubard Mollen Hotowitz Pomeranz & Shapiro**  
*Attorney*  
  
Drafted contracts, pleadings, motions, affidavits, memoranda of law, appellate briefs; negotiated settlements; conducted depositions; argued motions; provided general corporate counseling.
- Fall        **Federal Judge Henry Bramwell, Eastern District New York**  
1985       *Student Law Clerk*  
Research and drafting of legal memoranda; prepared drafts of Judge's decisions.
- Summer     **Rosenberg & Estis, P.C.**  
1985       *Summer Associate*  
  
Assisted in drafting of pleadings, motions, appellate briefs; research and writing of legal memoranda; attended trials and depositions.

## EDUCATION

1990-1992 The Columbia Business School

M.B.A., May 1992

Major: International Finance and Marketing Management

Dean's List: Spring 1991, Fall 1991, Spring 1992

Recipient of Fellowship: Center on Japanese Economy and Business

Peer Tutor: Business Finance, Financial Accounting, Operations Research, and Statistics

Asian Business Association: Vice President, Corporate Relations

Member: Japan and International Business Associations

1983-1986 Brooklyn Law School

J.D., May 1986

*Brooklyn Journal of International Law*, Business Editor

Class Standing: Top Quartile

Geiver Award for outstanding achievement in Litigation

Student Bar Association Representative

1978-1982 Hamilton College

B.A., May 1982

Major: History

Graves Prize for graduate with highest cumulative history average

Departmental honors in History

Dean's List several semesters

## ADDITIONAL INFORMATION

Member of Bar: State of New York, Southern and Eastern Districts of New York; member of American Association of Collegiate Registrars and Admissions Officers (AACRAO), NAFSA: Association of International Educators, and National Association of Graduate Admissions Professionals (NAGAP); working knowledge of Japanese and Spanish; basic understanding of Russian; member of Japan Society and Asia Society; extensive travel throughout former Soviet Union, Western Europe, Eastern Europe, Southeast Asia, India, Japan, and Mexico.