

## Application for a Social Security Card

<b>1</b>	<b>NAME</b> TO BE SHOWN ON CARD	First <u>BHARATHI</u>	Full Middle Name	Last <u>NALLU</u>
	FULL NAME AT BIRTH	First <u>BHARATHI</u>	Full Middle Name	Last
	IF OTHER THAN ABOVE			<u>VOOTLA</u>
	OTHER NAMES USED			
<b>2</b>	Social Security number previously assigned to the person listed in item 1		<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	
<b>3</b>	<b>PLACE OF BIRTH</b> (Do Not Abbreviate) City	State or Foreign Country		Office Use Only
	<u>PRODDATUR</u>			
<b>4</b>	<b>DATE OF BIRTH</b>		MM/DD/YYYY	
			<u>07/18/1986</u>	
<b>5</b>	<b>CITIZENSHIP</b> (Check One)	<input type="checkbox"/> U.S. Citizen <input checked="" type="checkbox"/> Legal Alien Allowed To Work <input type="checkbox"/> Legal Alien Not Allowed To Work (See Instructions On Page 3) <input type="checkbox"/> Other (See Instructions On Page 3)		
<b>6</b>	<b>ETHNICITY</b> Are You Hispanic or Latino? (Your Response is Voluntary) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>7</b>	<b>RACE</b> Select One or More (Your Response is Voluntary) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> American Indian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input checked="" type="checkbox"/> Asian	
<b>8</b>	<b>SEX</b>	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
<b>9</b>	<b>A. PARENT/ MOTHER'S NAME AT HER BIRTH</b>	First <u>RAMANJANAMMA</u>	Full Middle Name	Last <u>KUNTOMALLA</u>
	<b>B. PARENT/ MOTHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 9B on Page 3)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <input checked="" type="checkbox"/> Unknown		
<b>10</b>	<b>A. PARENT/ FATHER'S NAME</b>	First <u>GOPAL</u>	Full Middle Name	Last <u>VOOTLA</u>
	<b>B. PARENT/ FATHER'S SOCIAL SECURITY NUMBER</b> (See instructions for 10B on Page 3)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <input checked="" type="checkbox"/> Unknown		
<b>11</b>	Has the person listed in item 1 or anyone acting on his/her behalf ever filed for or received a Social Security number card before? <input type="checkbox"/> Yes (If "yes" answer questions 12-13) <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know (If "don't know," skip to question 14.)			
<b>12</b>	Name shown on the most recent Social Security card issued for the person listed in item 1	First <u>BHARATHI</u>	Full Middle Name	Last <u>NALLU</u>
<b>13</b>	Enter any different date of birth if used on an earlier application for a card		MM/DD/YYYY	
<b>14</b>	<b>TODAY'S DATE</b> MM/DD/YYYY	<b>15 DAYTIME PHONE NUMBER</b>		Area Code    Number
	<u>10/20/2020</u>	<u>404-790-0925</u>		
<b>16</b>	<b>MAILING ADDRESS</b> (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No. <u>1047 SOUTHERN ARTERY APT #608</u> City    State/Foreign Country    ZIP Code <u>QUINCY BOSTON MA</u> <u>02169</u>		
<b>17</b>	I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.			
<b>18</b>	<b>YOUR SIGNATURE</b> <u>Bharathi</u>	<b>YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS:</b> <input checked="" type="checkbox"/> Self <input type="checkbox"/> Natural Or Adoptive Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other Specify _____		

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

NPN	DOC	NTI	CAN	ITV
PBC	EVI	EVA	EVC	PRA
EVIDENCE SUBMITTED			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
			DATE	
			DCL	
			DATE	



# THE UNITED STATES OF AMERICA

## I-797A | NOTICE OF ACTION

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

Receipt Number EAC2025752240		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 06/26/2020	Priority Date	Petitioner SYSTEM SOFT TECHNOLOGIES LLC.
Notice Date 10/07/2020	Page 1 of 2	Beneficiary NALLU, BHARATHI

SYSTEM SOFT TECHNOLOGIES LLC  
c/o MADHAVI SAMUDRALA ESQ IN-HOUSE IMG  
2551 DULLES VIEW DR STE 350  
HERNDON VA 20171

Notice Type: Approval Notice  
Class: H1B  
Valid from 10/07/2020 to 09/07/2022

The above petition and accompanying request for a change of status have been approved. The status of the named beneficiary(ies) in this classification is valid as indicated on the I-94 attached below. The beneficiary(ies) can work for the petitioner pursuant to this approval notice, but only as detailed in the petition and during the petition validity period indicated above, unless otherwise authorized by law. Changes in employment or training may require you to file a new Form I-129, Petition for a Nonimmigrant Worker.

The dates in the I-94 attached below might not be for the same dates as the petition validity dates above because the I-94 below may contain a grace period of up to 10 days before and up to 10 days after the petition validity period for the following classifications: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-1S, P-2, P-2S, P-3, P-3S, TN-1, and TN-2. An I-94 for H-2A nonimmigrants may contain a grace period of up to one week before and 30 days after the petition validity period. However, the beneficiary(ies) may not work during such grace periods, unless otherwise authorized by law. The decision to grant a grace period and the length of the granted grace period is discretionary, final, and cannot be contested on motion or appeal. Please contact the IRS with any questions about tax withholding.

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

The approval of this petition does not guarantee that the beneficiary(ies) will be found to be eligible for a visa, for admission to the United States (if traveling abroad and seeking re-admission), or for a subsequent extension of stay, change of status, or adjustment of status.

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

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

Nebraska Service Center  
U. S. CITIZENSHIP & IMMIGRATION SVC  
P.O. Box 82521  
Lincoln NE 68501-2521  
USCIS Contact Center: [www.uscis.gov/contactcenter](http://www.uscis.gov/contactcenter)



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

Detach This Half for Personal Records

Receipt# EAC2025752240

I-94# 161447211 A2

NAME NALLU, BHARATHI

CLASS H1B

VALID FROM 10/07/2020 UNTIL 09/17/2022

PETITIONER

SYSTEM SOFT TECHNOLOGIES LLC.  
2551 DULLES VIEW DR STE 350  
HERNDON VA 20171

161447211 A2

Receipt Number EAC2025752240

US Citizenship and Immigration Services

I94 Departure Record

Petitioner: SYSTEM SOFT TECHNOLOGIES LLC

14. Family Name NALLU	
15. First (Given) Name BHARATHI	16. Date of Birth 07/18/1986
17. Country of Citizenship INDIA	

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

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

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

Nebraska Service Center  
U. S. CITIZENSHIP & IMMIGRATION SVC  
P.O. Box 82521  
Lincoln NE 68501-2521  
Customer Service Telephone: 800-375-5283



PLEASE TEAR OFF FORM 144 PRINTED BELOW AND STAPLE TO ORIGINAL 1-4 IF AVAILABLE

Detach This Half for Personal Records

RECEIPT NUMBER INTENTIONALLY LEFT BLANK  
I-94# INTENTIONALLY LEFT BLANK  
NAME INTENTIONALLY LEFT BLANK  
CLASS INTENTIONALLY LEFT BLANK  
VALID FROM UNTIL INTENTIONALLY LEFT BLANK  
PETITIONER INTENTIONALLY LEFT BLANK  
INTENTIONALLY LEFT BLANK  
INTENTIONALLY LEFT BLANK

RECEIPT NUMBER INTENTIONALLY LEFT BLANK  
US Citizenship and Immigration Services  
INTENTIONALLY LEFT BLANK  
I94 Departure Record INTENTIONALLY LEFT BLANK  
Petitioner: INTENTIONALLY LEFT BLANK  
14. Family Name INTENTIONALLY LEFT BLANK  
15. First (Given) Name INTENTIONALLY LEFT BLANK  
16. Date of Birth INTENTIONALLY LEFT BLANK  
17. Country of Citizenship INTENTIONALLY LEFT BLANK





GOPAL VOOTLA

RAMANJANAMMA VOOTLA

SURESH MALLU

26/14 VASANTHAPET BANGARAIK KOTTALA

PROODATUR KADAPA,YSR DISTRICT

PIN:516360,ANDHRA PRADESH,INDIA

HY5067971226114



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H-4  
Apr 30 2021



