

364734

S. KASTUR
I-797A, Notice of Action



RECEIPT NUMBER EAC-16-061-50573		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
RECEIPT DATE December 30, 2015	PRIORITY DATE	PETITIONER TATA CONSULTANCY SVCS LTD
NOTICE DATE February 25, 2016	PAGE 1 of 2	BENEFICIARY MOHAMED ISMAIL, ABDUL HAMEED
TATA CONSULTANCY SVCS LTD C/O AMIT JINDAL RESIDENT MGR-HR 9201 CORP BLVD STE 320 ROCKVILLE MD 20850		Notice Type: Approval Notice Class: H1B Valid from 02/01/2016 to 01/31/2019 Consulate:

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. 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)

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

USCIS
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (800) 375-5283
Form I-797A (Rev. 10/31/05)N



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

Detach This Half for Personal Records

Receipt# EAC-16-061-50573
I-94# 259499525 30
NAME MOHAMED ISMAIL, ABDUL HAMEED
CLASS H1B

VALID FROM 02/01/2016 UNTIL 01/31/2019

PETITIONER: TATA CONSULTANCY SVCS LTD
9201 CORP BLVD STE 320
ROCKVILLE MD 20850

259499525 30

Receipt Number EAC-16-061-50573
United States Citizenship and Immigration
Services

I-94

Departure Record

Petitioner: TATA CONSULTANCY SVCS LTD

14 Family Name MOHAMED ISMAIL	
15 First (Given) Name ABDUL HAMEED	16 Date of Birth 10/10/1982
17 Country of Citizenship INDIA	



RECEIPT NUMBER EAC-16-061-50573		CASE TYPE I129 PETITION FOR A NONIMMIGRANT WORKER
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NOTICE DATE February 25, 2016	PAGE 2 of 2	BENEFICIARY MOHAMED ISMAIL, ABDUL HAMEED

(continued)

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.ombudsman.sba.gov or phone 202-205-2417 or fax 202-481-5719.

NOTICE: Although this application/petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify the information submitted in this application, petition and/or supporting documentation to ensure conformity with applicable laws, rules, regulations, and other authorities. Methods used for verifying information may include, but are not limited to, the review of public information and records, contact by correspondence, the internet, or telephone, and site inspections of businesses and residences. Information obtained during the course of verification will be used to determine whether revocation, rescission, and/or removal proceedings are appropriate. Applicants, petitioners, and representatives of record will be provided an opportunity to address derogatory information before any formal proceeding is initiated.



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VOID	VOID	VOID
Receipt#	VOID	VOID
I-94#	VOID	VOID
NAME	VOID	VOID
CLASS	VOID	VOID
VOID	VOID	VOID
VOID	VOID	VOID
VOID	VOID	VOID
PETITIONER:	VOID	VOID
VOID	VOID	VOID
VOID	VOID	VOID
VOID	VOID	VOID
VOID	VOID	VOID

VOID	VOID	VOID
Receipt Number	VOID	VOID
United States Citizenship and Immigration Services	VOID	VOID
I-94	VOID	VOID
Departure Record	VOID	VOID
VOID	VOID	VOID
14. Family Name	VOID	VOID
15. First (Given) Name	VOID	16. Date of Birth
17. Country of Citizenship	VOID	VOID
VOID	VOID	VOID
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Receipt# EAC-16-061-50573

I-94# 259499525 30

NAME MOHAMED ISMAIL, ABDUL HAMEED

CLASS H1B

VALID FROM 02/01/2016 UNTIL 01/31/2019

PETITIONER: TATA CONSULTANCY SVCS LTD

9201 CORP BLVD STE 320

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Receipt Number EAC-16-061-50573

United States Citizenship and Immigration
Services

I-94

Departure Record

Petitioner: TATA CONSULTANCY SVCS LTD

14. Family Name
MOHAMED ISMAIL

15. First (Given) Name
ABDUL HAMEED

16. Date of Birth
10/10/1982

17. Country of Citizenship
INDIA

THE UNITED STATES OF AMERICA

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	VOID	VOID
PETITIONER:	VOID	VOID
	VOID	VOID
	VOID	VOID
	VOID	VOID
	VOID	VOID

VOID	VOID	VOID
Receipt Number	VOID	VOID
United States Citizenship and Immigration Services	VOID	VOID
I-94	VOID	VOID
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	VOID	VOID
	VOID	VOID
	VOID	VOID

FRAGOMEN

ATTORNEYS AT LAW

Fragomen, Del Rey, Bernsen & Loewy, LLP
1101 15th Street, N.W., Suite 700
Washington, DC 20005
Main: +1 202 223 5515
Fax: +1 202 371 2898
www.fragomen.com

VIA FEDERAL EXPRESS

US Department of Homeland Security
US Citizenship and Immigration Services

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

Dear Sir or Madam:

In support of the above-referenced matter, enclosed please find the following:

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

- 1) Filing fees:
 - ~~\$325.00~~ filing fee;
 - ☒ \$1,500.00 education and training fee (only if applicable);
- 2) Form G-28;
- 3) Form I-129, H Supplement and H-1B Data Collection;
- 4) Labor Condition Application (Form ETA 9035);
- 5) Petitioner's letter of support; and
- 6) Supporting documentation.
- 7) I-539, Application for H-4 Status of Dependent(s) (only if applicable)
 - \$290.00 filing fee;
 - Form G-28;
 - Form I-539; and
 - Copy of Applicant's I-94 form and passport.

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

Very truly yours,

FRAGOMEN, DEL REY, BERNSEN & LOEWY, LLP

By: 

Priscilla Muhlenkamp
Joan S. Claxton
Kyle L. Klass
Lauren A. Eagan
Joung E. Lee

Sergio A. Athanasso

Atlanta • Auckland • Bangalore • Beijing • Boston • Brisbane • Brussels • Chicago • Coral Gables • Dallas • Doha • Dubai • Frankfurt
Guangzhou • Hong Kong • Houston • Irvine • Johannesburg • Kochi • London • Los Angeles • Macau • Melbourne • Mexico City • Nairobi
New York • Paris • Perth • Phoenix • Rio de Janeiro • San Diego • San Francisco • San Jose, Costa Rica • Santa Clara • São Paulo
Shanghai • Singapore • Sydney • Toronto • Troy • Washington, DC • Zurich

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**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)

2.b. Given Name (First Name)

2.c. Middle Name

3.a. Street Number and Name

3.b. Apt. ☐ Ste. ☒ Flr. ☐

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

4. Daytime Telephone Number

5. Fax Number

6. E-Mail Address (if any)

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

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)

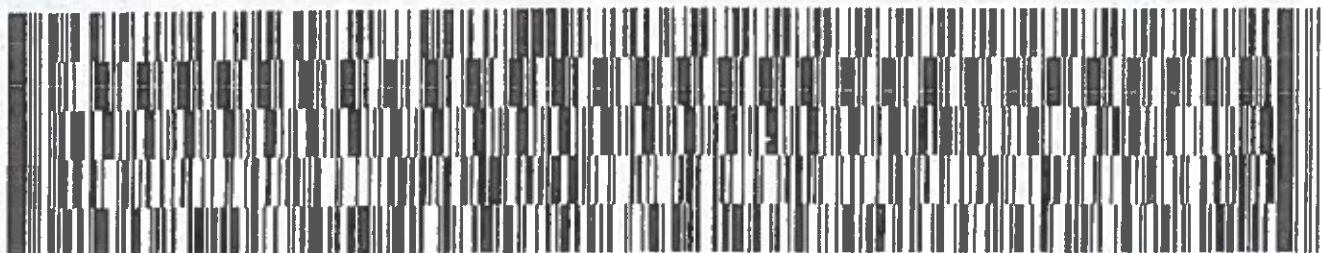
**Information About Applicant, Petitioner,
Requestor, or Respondent**

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

6. Name of Company or Organization (if applicable)



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)

▶

8. Alien Registration Number (A-Number) or Receipt Number

N/A

9. Daytime Telephone Number

(301) 231-9083

10. Mobile Telephone Number (if any)

11. E-Mail Address (if any)

Mailing Address of Applicant, Petitioner, Requestor, or Respondent

NOTE: Provide the mailing address of the applicant, petitioner, requestor, or respondent. If the applicant, petitioner, requestor, or respondent has used a safe mailing address on the application, petition, or request being filed with this Form G-28, provide it in these spaces.

12.a. Street Number and Name

12.b. Apt. ☐ Ste. ☒ Flr. ☐

12.c. City or Town

12.d. State 12.e. ZIP Code

12.f. Province

12.g. Postal Code

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

New York

1.b. Bar Number (if applicable)

N/A

1.c. Name of Law Firm

Fragomen, Del Rey, Bensen & Loewy LLP

1.d. I (choose one) ☒ am not ☐ am

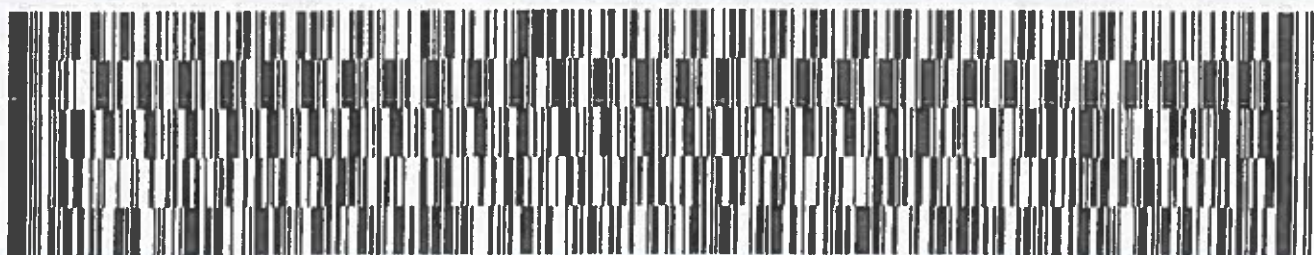
subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law. If you are subject to any orders, explain in the space below. (If you need additional space, use Part 6.)

- 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

2.c. Date accreditation expires

(mm/dd/yyyy) ▶



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(u)(2)(iv).

4.b. Name of Law Student or Law Graduate

N/A

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) unless you ask us to send those 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 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 business address of my attorney of record or accredited representative as listed in this form. I consent to having my secure identity document sent to my attorney of record or accredited representative 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

1 7 5

3.b. Date of Signature (mm/dd/yyyy) ▶ DEC 28 2015

Part 5. Signature of Attorney or Accredited Representative

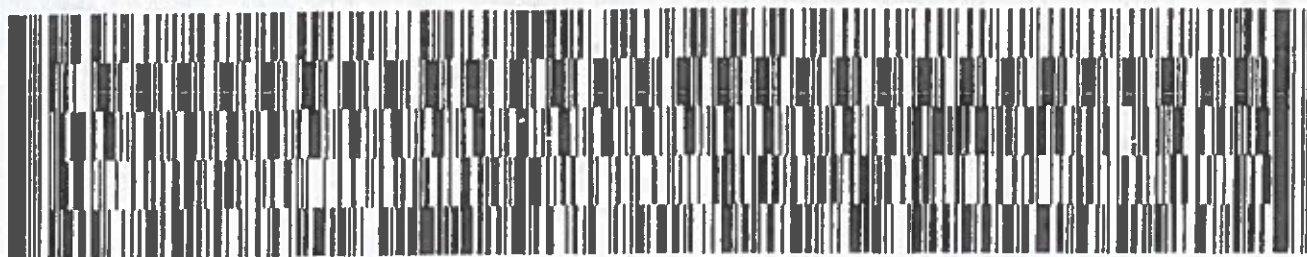
I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true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

1. Signature of Attorney or Accredited Representative

Joseph A. Anassio

2. Signature of Law Student or Law Graduate

3. Date of Signature (mm/dd/yyyy) ▶ DEC 23 2015



Part 6. Additional Information

Use the space below to provide additional information
pertaining to Part 3., Item Numbers 1.a. - 1.d.

Additional Attorneys in good standing of:

Fragomen, Del Rey, Bernsen & Loewy, LLP c/o TCSL,

9201 Corporate Boulevard, Suite 320, Rockville, MD, 20850

Priscilla H. Muhlenkamp

Joan S. Claxton

Lauren A. Eagan

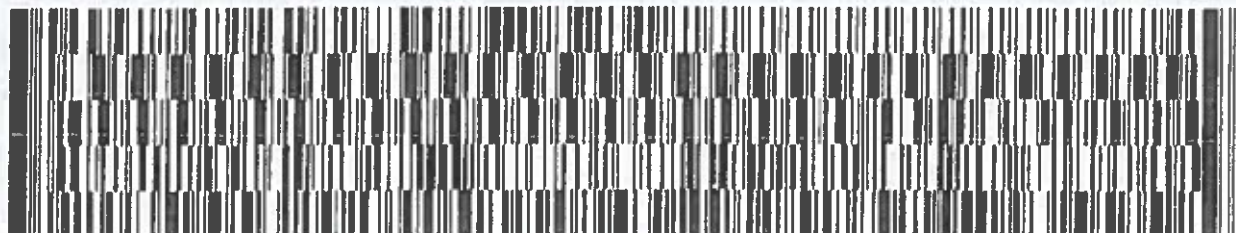
Cheryl A. Geiser

Shella Mahadevan

Joung E. Leo

Sergio A. Athanasso

NV





Petition for a Nonimmigrant Worker

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2016

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

► **START HERE - Type or print in black ink.**

Part 1. Petitioner Information

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

1. Legal Name of Individual Petitioner

Family Name (last name)

Given Name (first name)

Middle Name

2. Company or Organization Name

TATA CONSULTANCY SERVICES LIMITED

3. Mailing Address of Individual, Company or Organization

In Care Of Name

Amit Jindal, Resident Manager, Resident Manager - Human Resources

Street Number and Name

9201 Corporate Boulevard

Apt. Ste. Flr. Number

☐ ☒ ☐

320

City or Town

Rockville

State

MD

ZIP Code

20850

Province

Postal Code

Country

USA

4. Contact Information

Daytime Telephone Number

(301) 231-9083

Mobile Telephone Number

Email Address (if any)

amit1.jindal@tcs.com

5. Other Information

Federal Employer Identification Number (FEIN)

► 98-0429-808

Individual IRS Tax Number

►

U.S. Social Security Number (if any)

► N / A

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

1. Requested Nonimmigrant Classification (Write classification symbol): H-1B
2. Basis for Classification (select only one box):
- ☐ a. New employment.
- ☐ b. Continuation of previously approved employment without change with the same employer.
- ☒ c. Change in previously approved employment.
- ☐ d. New concurrent employment.
- ☐ e. Change of employer.
- ☐ f. Amended petition.
3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None." ▶ E A C 1 3 1 4 6 5 3 4 8 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 (1)

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

1. If an Entertainment Group, Provide the Group Name

2. Provide Name of Beneficiary

Family Name (last name)

Given Name (first name)

Middle Name

MOHAMED ISMAILAbdul Hameed

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) 10/10/1982

Gender

☒ Male☐ Female

U.S. Social Security Number (if any)

▶ 3 4 4 3 9 0 5 3 5

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-

N1 / A

Country of Birth

India

Province of Birth

Tamil Nadu

Country of Citizenship or Nationality

India

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

Date of Last Arrival (mm/dd/yyyy)

04/25/2014

I-94 Arrival-Departure Record Number

▶

2 5 9 4 9 9 5 2 5 3 0

Passport or Travel Document Number

L6425069

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

11/22/2013

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

11/21/2023

Passport or Travel Document Country of Issuance

India

Current Nonimmigrant Status

H-1B

Date Status Expires or D/S

(mm/dd/yyyy) 01/31/2016

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

N/A

Employment Authorization Document (EAD) Number (if any)

N/A

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

Street Number and Name

6324 N Macarthur Boulevard

Apt. Ste. Flr. Number

☒

☐

☐

2090

City or Town

Irving

State

TX

ZIP Code

75039

Part 4. Processing Information

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

a. Type of Office (select only one box):



Consulate

☐ Pre-flight inspection

☐ Port of Entry

b. Office Address (City)

Chennai

c. U.S. State or Foreign Country

India

d. Beneficiary's Foreign Address

Street Number and Name

11, Parupukara St Palakarai

Apt. Ste. Flr. Number

☐

☐

☐

City or Town

Trichy

State

Tamil Nadu

Province

Postal Code

620001

Country

India

2. Does each person in this petition have a valid passport? ☒ Yes ☐ No. If no, go to Part 9. and type or print your explanation.

Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?
☐ Yes. If yes, how many? ▶ ☒ No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Web site at 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

Developer

2. LCA or ETA Case Number

I-200-15349-789749

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

TCSL c/o Citi Cards, 6460 Las Colinas Boulevard

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Irving

State

TX

ZIP Code

75039

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? ▶
9. Wages: \$ per (Specify hour, week, month, or year) ▶

10. Other Compensation (Explain)

Standard Company Benefits.

11. Dates of intended employment From: (mm/dd/yyyy) To: (mm/dd/yyyy)
12. Type of Business
13. Year Established
14. Current Number of Employees in the United States
15. Gross Annual Income
16. Net Annual Income

Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

1. ☒ A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or
2. ☐ A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

1. Name and Title of Authorized Signatory

Family Name (last name)

Jindal,

Given Name (first name)

Amit

Title

Resident Manager - Human Resources

2. Signature and Date

Signature of Authorized Signatory

Date of Signature

(mm/dd/yyyy)

DEC 28 2015

3. Signatory's Contact Information

Daytime Telephone Number

(301) 231-9083

Email Address (if any)

amit1.jindal@tcs.com

NOTE: If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

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

Provide the following information concerning the preparer:

1. Name of Preparer

Family Name (last name)

Klass

Given Name (first name)

Kyle

2. Preparer's Business or Organization Name (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

Fragomen, Del Rey, Bensen & Loewy LLP

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

c/o TCSL, 9201 Corporate Boulevard

Apt. Ste. Flr. Number

☐☒☐

320

City or Town

Rockville

State

MD

ZIP Code

20850

Province

Postal Code

Country

USA

4. Preparer's Contact Information

Daytime Telephone Number

(202) 223-5515

Fax Number

Email Address (if any)

KKlass@fragomen.com

Preparer's Declaration

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

5. Signature and Date

Signature of Preparer

Sergio A. Athanasso

Sergio A. Athanasso

Date of Signature

(mm/dd/yyyy)

DEC 23 2015

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
<input type="text" value="4"/>	<input type="text" value="4"/>	<input type="text" value="9"/>

TCSL has previously filed the following petition(s) on behalf of the Beneficiary:

H-1B petition filed for Beneficiary, with the following file number(s): EAC-13-146-53486

3. Page Number	Part Number	Item Number
<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="4"/>

ITINERARY:

Beneficiary will work full-time from 02/01/2016 to 01/31/2019 at TCSL's client,

City Cards, located at 6460 Las Colinas Boulevard, Irving, TX 75039.

4. Page Number	Part Number	Item Number
<input type="text"/>	<input type="text"/>	<input type="text"/>



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 10/31/2016

1. Name of the Petitioner

TATA CONSULTANCY SERVICES LIMITED

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

2.a. Name of the Beneficiary

Abdul Hameed MOHAMED ISMAIL

OR

2.b. Provide the total number of beneficiaries

3. List each beneficiary's prior periods of stay in H or L classification in the United States for the last six years (beneficiaries requesting H-2A or H-2B classification need only list the last three years). Be sure to only list those periods in which each beneficiary was actually in the United States in an H or L classification. Do not include periods in which the beneficiary was in a dependent status, for example, H-4 or L-2 status.

NOTE: Submit photocopies of Forms I-94, I-797, and/or other USCIS issued documents noting these periods of stay in the H or L classification. (If more space is needed, attach an additional sheet.)

Subject's Name	Period of Stay (mm/dd/yyyy)	
	From	To
Abdul Hameed MOHAMED ISMAIL; H-1B	04/25/2014	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

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

1. Describe the proposed duties.

Please see attached letter of support.

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

Please see attached letter of support.

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

By filing this petition, I agree to, and will abide by, the terms of the labor condition application (LCA) for the duration of the beneficiary's authorized period of stay for H-1B employment. I certify that I will maintain a valid employer-employee relationship with the beneficiary at all times. If the beneficiary is assigned to a position in a new location, I will obtain and post an LCA for that site prior to reassignment.

I further understand that I cannot charge the beneficiary the ACWIA fee, and that any other required reimbursement will be considered an offset against wages and benefits paid relative to the LCA.

Signature of Petitioner

Name of Petitioner

Date (mm/dd/yyyy)



Amit Jindal, Resident Manager - Human Resources

DEC 28 2015

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

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of Authorized Official of Employer

Name of Authorized Official of Employer

Date (mm/dd/yyyy)



Amit Jindal, Resident Manager - Human Resources

DEC 28 2015

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 10/31/2016

1. Name of the Petitioner

TATA CONSULTANCY SERVICES LIMITED

2. Name of the Beneficiary

Abdul Hameed MOHAMED ISMAIL

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 or 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

Electronics and Communication Engineering

4. Rate of Pay Per Year

\$70,500

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 section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a)? ☐ 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 before October 1, 2015, an additional fee of \$2,000 must be submitted if you responded yes to Item Numbers 1.d. and 1.d.1. of Section 1. of this supplement. This \$2,000 fee was mandated by the provisions of Public Law 111-230, as amended by Public Law 111-347.

The Fraud Prevention and Detection Fee and the Public Law 111-230 fee do not apply to H-1B1 petitions. These fees, when applicable, may not be waived. You must include payment of the fee(s) when you submit this form. Failure to submit the fee(s) when required will result in rejection or denial of your submission. Each of these fee(s) should be paid by separate check(s) or money order(s).

Section 3. Numerical Limitation Information

1. Specify the type of H-1B petition you are filing. (select only one box):
- | | |
|---|---|
| <input type="checkbox"/> a. CAP H-1B Bachelor's Degree | <input type="checkbox"/> c. CAP H-1B1 Chile/Singapore |
| <input type="checkbox"/> b. CAP H-1B U.S. Master's Degree or Higher | <input checked="" type="checkbox"/> 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 |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| City or Town | State | | ZIP Code | |
| <input type="text"/> | <input type="text"/> | | <input type="text"/> | |

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 section 101(a) of the Higher Education Act of 1965, 20 U.S.C. 1001(a).
 - ☐ c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(19)(iii)(C).
 - ☐ d. The petitioner will employ the beneficiary to perform job duties at a qualifying institution (see **Item Numbers 3.a. - 3.c.** above) that directly and predominately furthers the normal, primary, or essential purpose, mission, objectives, or function of the qualifying institution, namely higher education or nonprofit or government research.
 - ☒ 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) was previously granted status as an H-1B nonimmigrant in the past 6 years, (2) is applying from abroad to reclaim the remaining portion of the 6 years, or (3) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).
 - ☐ h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

Section 4. Off-Site Assignment of H-1B Beneficiaries

1. The beneficiary of this petition will be assigned to work at an off-site location for all or part of the period for which H-1B classification sought. ☒ Yes ☐ No
If no, do not complete **Item Numbers 2. and 3.**
2. Placement of the beneficiary off-site during the period of employment will comply with the statutory and regulatory requirements of the H-1B nonimmigrant classification. ☒ Yes ☐ No
3. The beneficiary will be paid the higher of the prevailing or actual wage at any and all off-site locations. ☒ Yes ☐ No

Labor Condition Application for Nonimmigrant Workers
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.doleta.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 * DEVELOPER

2. SOC (ONET/OES) code * 15-1131

3. SOC (ONET/OES) occupation title * COMPUTER PROGRAMMERS

4. Is this a full-time position? * ☒ Yes ☐ No

Period of Intended Employment

5. Begin Date * 02/01/2016 (mm/dd/yyyy)

6. End Date * 01/31/2019 (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 *

1 c. Change in previously approved employment * 0 f. Amended petition *

C. Employer Information

1. Legal business name * TATA CONSULTANCY SERVICES LIMITED

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

3. Address 1 * 9201 CORPORATE BOULEVARD

4. Address 2 SUITE 320

5. City * ROCKVILLE

6. State * MD

7. Postal code * 20850

8. Country * UNITED STATES OF AMERICA

9. Province N/A

10. Telephone number * 3012319083

11. Extension N/A

12. Federal Employer Identification Number (FEIN from IRS) * 980429806

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 *	2. First (given) name *	3. Middle name(s) *
JINDAL	AMIT	N/A
4. Contact's job title * RESIDENT MANAGER- HUMAN RESOURCES		
5. Address 1 * C/O TCSL 9201 CORPORATE BOULEVARD		
6. Address 2 SUITE 320		
7. City * ROCKVILLE	8. State * MD	9. Postal code * 20850
10. Country * UNITED STATES OF AMERICA		11. Province N/A
12. Telephone number *	13. Extension	14. E-Mail address
3012319083	N/A	AMIT1.JINDAL@TCS.COM

E. Attorney or Agent Information (If applicable)

1. Is the employer represented by an attorney or agent in the filing of this application? *		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", complete the remainder of Section E below.			
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s) §	
MUHLENKAMP	PRISCILLA	H.	
5. Address 1 § 1101 15TH STREET NW			
6. Address 2 SUITE 700			
7. City § WASHINGTON	8. State § DC	9. Postal code § 20005	
10. Country § UNITED STATES OF AMERICA		11. Province N/A	
12. Telephone number §	13. Extension	14. E-Mail address	
2022235515	N/A	TCSLCA@FRAGOMEN.COM	
15. Law firm/Business name § FRAGOMEN, DEL REY, BERNSEN & LOEWY LLP		16. Law firm/Business FEIN § 132726464	
17. State Bar number (only if attorney) § 975906		18. State of highest court where attorney is in good standing (only if attorney) § DC	
19. Name of the highest court where attorney is in good standing (only if attorney) § DISTRICT OF COLUMBIA COURT OF APPEALS			

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



F. Rate of Pay

1. Wage Rate (Required) From: \$ 70500.00 * To: \$ N/A	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
--	---

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 * 6460 LAS COLINAS BOULEVARD	
2. Address 2	
3. City * IRVING	4. County * DALLAS
5. State/District/Territory * TX	6. Postal code * 75039
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 type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	
9. Prevailing wage * \$ 63690.00	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 * 2015	11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source \$ OFCLC ONLINE DATA CENTER

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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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 1.1 and/or 1.2, 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 1.1 and/or 1.2 and “No” to question 1.3, 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
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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 *	2. First (given) name of hiring or designated official *	3. Middle initial *
JINDAL	AMIT	N/A
4. Hiring or designated official title *		
RESIDENT MANAGER - HUMAN RESOURCES		
5. Signature *		6. Date signed *
		12/22/15



Labor Condition Application for Nonimmigrant Workers
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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 02/01/2016 to 01/31/2019.

Certifying Officer
Department of Labor, Office of Foreign Labor Certification

12/21/2015

Determination Date (date signed)

I-200-15349-789749

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.



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

RE: **I-129 H-1B Petition for a Nonimmigrant Worker Status**
Petitioner: Tata Consultancy Services Limited
Beneficiary: Abdul Hameed MOHAMED ISMAIL (the "Beneficiary")

Dear Sir or Madam:

This letter is submitted in support of the attached H-1B petition of Tata Consultancy Services Limited ("TCSL") on behalf of the above Beneficiary. TCSL wishes to continue to employ the Beneficiary in the specialty occupation and professional position of Developer on a TCSL project at our client, Citi Cards, in Irving, TX. A copy of the approved Labor Condition Application for the Beneficiary's position is annexed herein. TCSL agrees to comply with all the terms and conditions of the LCA.

Business of Petitioner

TCSL is a global information technology consulting, services and business process outsourcing firm that provides product development and consulting services in all aspects of systems and software engineering to companies throughout the world. TCSL has approximately 150 offices operating in more than 40 countries and development centers in 10 countries. Its global team of approximately 263,637 employees has executed cutting edge projects for over 1,000 client companies in more than 50 countries worldwide. TCSL in India exercises direct control over its branch office and operations in the United States. In the past fiscal year, annual revenues exceeded \$10 billion.

The Employer-Employee Relationship

Please note that even though the Beneficiary will work at a client site, TCSL meets the definition provided for at 8 CFR 214.2(h)(4)(ii)(2) in that we have an employer-employee relationship with the Beneficiary. TCSL is the Beneficiary's sole and actual employer. TCSL already employs the Beneficiary in India and will continue to maintain our employer-employee relationship with the Beneficiary in the United States. For the entire duration of the Beneficiary's H-1B employment, TCSL will possess and retain the sole and complete authority to hire and fire the Beneficiary

TATA CONSULTANCY SERVICES

Tata Consultancy Services Limited

9201 Corporate Boulevard Suite 320 Rockville MD 20850

Tel 301 231 9083 Fax 301 231 4892 www.tcs.com

and to pay the Beneficiary's remuneration. TCSL will also have actual control over the Beneficiary's day-to-day technical activities. The Beneficiary will at all times be directly supervised by a TCSL manager who will work onsite with the Beneficiary. TCSL will provide the Beneficiary with standard benefits in the United States including health insurance. TCSL will claim the Beneficiary for tax purposes and will retain the right to control the Beneficiary's employment throughout the assignment.

As evidence of the employer-employee relationship, we are including copies of contractual documentation between TCSL and our client. We are also enclosing documentation discussing TCSL's semi-annual performance appraisal process. Under TCSL's current employment policy each TCSL supervisor is to conduct individual performance appraisals for their subordinate employees on a semi-annual basis. These appraisals are conducted using TCSL online SPEED system.

Professional Position Offered

In this professional position, the Beneficiary will perform the following job duties: develop industry-specific solutions based on clients needs; manage and upgrade existing applications; carry out detailed analysis to understand requirements; create code and/or build solutions as per requirements in development/maintenance projects in accordance with coding standards; perform unit testing per test plans and test cases; develop and manage applications; upgrade existing applications and/or integrate applications with any new/existing applications and databases; resolve application related issues experienced by end-users; and provide consulting and/or pre-sales support through initial consulting to engagements based on practice solutions offering, input on RFPs/RFIs/client presentation, and technical reviews of contracts and service agreements.

The above position is a professional position within a specialty occupation. The position requires the application of sophisticated technologies and principles that can only be gained through attainment of at least a bachelor's degree or its equivalent in Computer Science, Engineering, Information Systems, or a directly related field.

The Beneficiary and Professional Qualifications

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

As shown by the attached academic documents and credentials evaluation, the Beneficiary has earned the equivalent of at least a bachelor's degree in a closely related field from an accredited university in the United States.

The Beneficiary has been informed that, if this petition is approved, the Beneficiary's stay will be temporary and the Beneficiary will be required to depart the United States at the end of this project.

We respectfully request that you approve this H-1B petition for the requested period. Thank you for your consideration.

Sincerely,


Amit Jindal
Resident Manager -- Human Resources
Tata Consultancy Services Limited

Park Evaluations

ACADEMIC EVALUATION

March 5, 2013

Name: MOHAMEDISMAIL, ABDULHAMEED

Institution: Anna University
Degree: Bachelor of Engineering
Date of Award: April, 2005

Country: India

Academic Equivalent in the United States:

DEGREE: BACHELOR OF SCIENCE IN ELECTRONICS ENGINEERING

The candidate has also submitted documents under the name Abdul Hameed M.

Graduation from high school and competitive entrance examinations are required for admission and enrollment in Anna University; Anna University is an accredited institution of higher learning in India. Following his enrollment in the University, Mr. Mohamedismail completed academic coursework, and in April, 2005, he completed examinations and was awarded a Bachelor of Engineering degree. The diploma demonstrates that Mr. Mohamedismail completed his course of studies at Anna University.

Mr. Mohamedismail completed coursework in general studies and in his area of concentration, Electronics and Communication Engineering, which leads to a degree from the University. A general studies curriculum includes coursework in English, mathematics, the sciences, and the social sciences, which are requisite components of a university degree from an institution of higher education in the United States. Additionally, Mr. Mohamedismail completed specialized courses in his area of study, Electronics and Communication Engineering, and other related areas. The courses completed and the number of credit hours earned indicate that Mr. Mohamedismail satisfied requirements equivalent to those required for the completion of four years of academic studies leading to a university degree from an accredited institution of higher education in the United States.

On the basis of the credibility of Anna University, the number of years of coursework, the nature of the coursework, the grades earned in the coursework, and the hours of academic coursework, it is the judgment of Park Evaluations that Abdulhameed Mohamedismail has attained the equivalent of a


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Phone: (212) 581-8877 - Fax: (212) 581-8875

Bachelor of Science degree in Electronics Engineering, from an accredited institution of higher education in the United States.

This evaluation relies upon copies of the original documents provided by Mr. Mohamedismail and represented by Mr. Mohamedismail 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. Mohamedismail. 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.


Howard Borenstein
Evaluator

Mr. Howard Borenstein, B.A. Mathematics & Physics, Yeshiva University, M.A. Mathematics, Queens College, Ph.D. Candidate Mathematics, CUNY Graduate Center, Evaluator, Park Evaluations.

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, 30th 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 2011. Palgrave MacMillan CD-ROM. Alpha Index. 2011.
- AACRAO EDGE (Electronic Database for Global Education), an 'American Association of Collegiate Registrars and Admissions Officers' (AACRAO) on-line database, Version 1.0. 2012.

For detailed statement of evaluator's qualifications, see attached resume. (62400)

EDUCATION

B.A. Mathematics and Physics, 2000
Yeshiva University

M.A. in Mathematics, 2007
Queens College of the City University of New York

Ph.D. Candidate, 2007-Present
CUNY Graduate Center

RESEARCH

Currently researching probabilistic methods for studying problems in Additive Number Theory.

EXPERIENCE

Howard has more than 6 years of experience evaluating foreign academic credentials.

PRIMARY EVALUATION REFERENCE MATERIALS

- AACRAO EDGE (Electronic Database for Global Education), an 'American Association of Collegiate Registrars and Admissions Officers' (AACRAO) on-line database, Version 1.0. 2008
- American Council on Education. 2004-2005 National Guide to Educational Credit for Training Programs. Washington, D.C. 2004.
- Association of Indian Universities. Universities Handbook, 30th 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.