

# Addendum to LCA

## Tata Consultancy Services Limited

LCA Case Number: I-200-16083-249475  
Designation: Computer Programmer  
Location: 1601 Elm Street, Suite 800, Dallas, TX 75201  
Annual Wage (USD): \$63,690.00 - \$84,500.00  
No. of Nonimmigrants: 3

|   | Employee Number | Employee Name                    |
|---|-----------------|----------------------------------|
| 1 | 580289          | CHINNI, Venkata Krishnanjaneyulu |

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



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

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

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

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

☒ Yes ☐ No

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

☒ Yes ☐ No

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

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

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

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



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

A. Employment-Based Nonimmigrant Visa Information

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

B. Temporary Need Information

1. Job Title \* 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 \* 07/01/2018  
(mm/dd/yyyy)

6. End Date \* 06/30/2019  
(mm/dd/yyyy)

7. Worker positions needed/basis for the visa classification supported by this application

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)

a. New employment \*

d. New concurrent employment \*

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

e. Change in employer \*

c. Change in previously approved employment \*

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 226

12. Federal Employer Identification Number (FEIN from IRS) \*  
990429806

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



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**D. Employer Point of Contact Information**

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

|   |                         |                        |
|---|-------------------------|------------------------|
| 1. Contact's last (family) name *                         | 2. First (given) name * | 3. Middle name(s) *    |
| JINDAL  | AMIT                    | N/A                    |
| 4. Contact's job title * RESIDENT MANAGER HUMAN RESOURCES |                         |                        |
| 5. Address 1 * 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  | 226                     | 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 type="checkbox"/> Yes <input checked="" 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) §  |
| N/A   | N/A                     | N/A  |
| 5. Address 1 § N/A  |                         |  |
| 6. Address 2 N/A  |                         |  |
| 7. City §   | 8. State §              | 9. Postal code §   |
| N/A   | N/A                     | N/A  |
| 10. Country §   | 11. Province            |  |
| N/A   | N/A                     |  |
| 12. Telephone number §  | 13. Extension           | 14. E-Mail address   |
| N/A   | N/A                     | N/A  |
| 15. Law firm/Business name §  |                         | 16. Law firm/Business FEIN §   |
| N/A   |                         | N/A  |
| 17. State Bar number (only if attorney) §   |                         | 18. State of highest court where attorney is in good standing (only if attorney) § |
| N/A   |                         | N/A  |
| 19. Name of the highest court where attorney is in good standing (only if attorney) §       |                         |  |
| N/A   |                         |  |



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**F. Rate of Pay**

|   |   |
|---|---|
| 1. Wage Rate (Required)<br>From: \$ <u>63690.00</u> *<br>To: \$ <u>84500.00</u> | 2. Per: (Choose only one) *<br><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 *<br>1601 ELM ST,  |  |
| 2. Address 2<br>SUITE 800 DALLAS,   |  |
| 3. City *<br>DALLAS   | 4. County *<br>DALLAS  |
| 5. State/District/Territory *<br>TX   | 6. Postal code *<br>75201  |
| <b>Prevailing Wage Information (corresponding to the place of employment location listed above)</b>   |  |
| 7. Agency which issued prevailing wage \$<br>N/A  | 7a. Prevailing wage tracking number (if applicable) \$<br>N/A  |
| 8. Wage level *<br><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 *<br>\$ <u>63690.00</u>  | 10. Per: (Choose only one) *<br><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) *<br><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 *<br>2015  | 11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source \$<br>OFLC 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 |
|--|---|



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

|  |  |
|--|--|
| 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<br><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 * | 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      |
|  |  | 3/30/18             |



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**L. LCA Preparer**

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

|                                |                                |                            |
|--------------------------------|--------------------------------|----------------------------|
| 1. Last (family) name §<br>N/A | 2. First (given) name §<br>N/A | 3. Middle Initial §<br>N/A |
| 4. Firm/Business name §<br>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 07/01/2016 to 06/30/2019

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

03/29/2016

Determination Date (date signed)

I-200-16083-249475

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 filed 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)(B).

**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.**





# Petition for a Nonimmigrant Worker

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

USCIS  
Form I-129  
OMB No. 1515-0048  
Expires 10/31/2016

| For USCIS Use Only  | Receipt   | Partial Approval (explain) | Action Block |
|---|---|----------------------------|--------------|
| Class: _____<br>No. of Workers: _____<br>Job Code: _____<br>Validity Dates: _____<br>From: _____<br>To: _____ | <input type="checkbox"/> Classification Approved<br><input type="checkbox"/> Consulate/PO/USPTO Notified<br>At: _____<br><input type="checkbox"/> Extension Granted<br><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<br>Anil Jindal, Resident Manager - Human Resources |                    |   |                     |
| Street Number and Name<br>9321 Corporate Boulevard                 |                    | Apt. Stu. Flr.<br><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | Number<br>Suite 320 |
| City or Town<br>Rockville  |                    | State<br>MD   | ZIP Code<br>20850   |
| Province<br>N/A  | Postal Code<br>N/A | Country<br>USA  |                     |

### 4. Contact Information

| Daytime Telephone Number | Mobile Telephone Number | Email Address (if any) |
|--------------------------|-------------------------|------------------------|
| 301-331-9083             |                         | anil.jindal@tcs.com    |

### 5. Other Information

| Federal Employer Identification Number (FEIN) | Individual IRS Tax Number | U.S. Social Security Number (if any) |
|---|---------------------------|--------------------------------------|
| ▶ 98-0428803                                  | ▶                         | ▶                                    |



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

1. Requested Nonimmigrant Classification (Write classification symbol): **E-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." **None**
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-1B, 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-1B.)
- ☐ 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-1B.)
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 |
|-------------------------|---------------------------------|-------------|
| <b>CHINN</b>            | <b>Venkata Krishnanjaneyulu</b> |             |
3. Provide all other names the beneficiary has used. Include nicknames, aliases, maiden name, and names from all previous marriages.
- | Family Name (last name) | Given Name (first name) | Middle Name |
|-------------------------|-------------------------|-------------|
|                         |                         |             |
|                         |                         |             |
|                         |                         |             |
4. Other Information
- | Date of birth (mm/dd/yyyy) | Gender   | U.S. Social Security Number (if any) |
|----------------------------|--|--------------------------------------|
| <b>08/18/1987</b>          | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | <b>None</b>                          |

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

Alien Registration Number (A-Number) Country of Birth

▶ A-

Province of Birth

Country of Citizenship or Nationality

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

Date of Last Arrival (mm/dd/yyyy)

I-96 Arrival-Departure Record Number

▶

Passport or Travel Document Number

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

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

Passport or Travel Document Country of Issuance

Current Nonimmigrant Status

Date Status Expires or D/S

(mm/dd/yyyy)

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

Employment Authorization Document (EAD) Number (if any)

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

Street Number and Name

Apt. Ste. Flr.

☐ ☐ ☐

Number

City or Town

State

ZIP Code

**Part 4. Processing Information**

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

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

☐ Pre-flight inspection

☐ Port of Entry

b. Office Address (City)

c. U.S. State or Foreign Country

d. Beneficiary's Foreign Address

Street Number and Name

Apt. Ste. Flr.

☐ ☐ ☐

Number

City or Town

State

Province

Postal Code

Country

**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/94](http://www.cbp.gov/94) 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 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 N/A
- 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-205-16085-249475

**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

1801 Elm Street

Apt. Ste. Flr. Number

☐ ☒ ☐ Suite 600

City or Town

Dallas

State

TX

ZIP Code

75201

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: \$ 88,600.00 per (Specify hour, week, month, or year)

➤ Year 

10. Other Compensation (Explain)

Standard Corporate Benefits

11. Dates of intended employment: From: (mm/dd/yyyy) 10/01/2016

To: (mm/dd/yyyy) 06/30/2018

12. Type of Business

Information Technology Consulting Firm

13. Year Established

1998

14. Current Number of Employees in the United States

210,000+ Worldwide

15. Gross Annual Income

\$15.5 billion

16. Net Annual Income

\$3.5 billion

**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)

Jorda

Given Name (first name)

Ami

Title

Recruitment Manager - Human Resources

**2. Signature and Date**

Signature of Authorized Signatory

Date of Signature

(mm/dd/yyyy) 03/27/2016

**3. Signatory's Contact Information**

Daytime Telephone Number

301-221-0083

Email Address (if any)

ami.jorda@fca.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)

Goel

Given Name (first name)

Me

**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).)

Goel & Anderson, LLC

**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

12100 Sunset Hills Road

Apt.

Suite

Floor

Number

☐

☒

☐

301

City or Town

Rosslyn

State

VA

ZIP Code

20180

Province

N/A

Postal Code

N/A

Country

USA

**4. Preparer's Contact Information**

Daytime Telephone Number

703-796-0006

Fax Number

703-796-0006

Email Address (if any)

vic.goss@guelaw.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) 03/31/2018

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

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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

3. Page Number

Part Number

Item Number

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. 1615-0049  
Expires 06/30/2016

1. Name of the Petitioner:

Tate 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

Veneta Krishnarajanyulu CHHNI

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 |
|                |                             |    |
|                |                             |    |
|                |                             |    |
|                |                             |    |
|                |                             |    |
|                |                             |    |

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

3b. Explanation

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

1. Describe the proposed duties:

Please see attached personnel support letter.

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

Please see alien's attached resume and supporting documentation.

**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)



Amit Jindal, Resident Manager - Human Resources

03/27/2016

**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

03/27/2016

**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. 1615-0046  
Expires 10/31/2016

1. Name of the Petitioner:

Tata Consultancy Services Limited

2. Name of the Beneficiary:

Venkata Krishnarajasekulu CHINTH

## 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?
- c.1. If yes, is it because the beneficiary's annual rate of pay is equal to or 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
- ☐ b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (for example: GED)
- ☐ c. Some college credit, but less than 1 year
- ☐ d. One or more years of college, no degree
- ☐ e. Associate's degree (for example: AA, AS)
- ☐ f. Bachelor's degree (for example: BA, AB, BS)
- ☒ g. Master's degree (for example: MA, MS, MEng, MEd, MSW, MHA)
- ☐ h. Professional degree (for example: MD, DDS, DVM, LL.D, JD)
- ☐ i. Doctorate degree (for example: PhD, EdD)

3. Major/Primary Field of Study

Computer Applications

4. Rate of Pay Per Year

\$88,600/year

5. DOT Code

0 3 9

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 214.20(a)(19)(ii)(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):
- ☒ 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. Rm. 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. 1091(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. 1091(a).
  - ☐ c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 5 CFR 214.2(h) (19)(ii)(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(f) 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