

S. Patanrak CN

## THE UNITED STATES OF AMERICA

## I-797A | NOTICE OF ACTION

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

318447

Receipt Number EAC1810851443		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 03/05/2018	Priority Date	Petitioner TATA CONSULTANCY SVCS LTD.
Notice Date 08/16/2018	Page 1 of 2	Beneficiary SRINIWASARAGHAVAN, GIRIDHAR
TATA CONSULTANCY SVCS LTD c/o SCOTT H SCHAEFER FRAGOMEN DEL REY BERNSEN & LOEWY L 1101 15TH STREET NW STE 700 WASHINGTON DC 20005		Notice Type: Approval Notice Class: H1B Valid from 03/05/2018 to 02/19/2021

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

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

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

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

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

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

Vermont Service Center  
U. S. CITIZENSHIP & IMMIGRATION SVC  
75 Lower Welden Street  
Saint Albans VT 05479-0001  
Customer Service Telephone: 800-375-5283



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

Detach This Half for Personal Records

Receipt# EAC1810851443

I-94# 550664319 85

NAME SRINIWASARAGHAVAN, GIRIDHAR

CLASS H1B

VALID FROM 03/05/2018 UNTIL 03/01/2021

**PETITIONER**

TATA CONSULTANCY SVCS LTD,  
9201 CORPORATE BOULEVARD STE 320  
ROCKVILLE MD 20850

550664319 85

Receipt Number EAC1810851443

US Citizenship and Immigration Services

**I94 Departure Record**

Petitioner: TATA CONSULTANCY SVCS LTD

14. Family Name SRINIWASARAGHAVAN	
15. First (Given) Name GIRIDHAR	16. Date of Birth 12/24/1984
17. Country of Citizenship INDIA	





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

Receipt Number EAC1810851443		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 03/05/2018	Priority Date	Petitioner TATA CONSULTANCY SVCS LTD.
Notice Date 08/16/2018	Page 2 of 2	Beneficiary SRINIWASARAGHAVAN, GIRIDHAR

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

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

Vermont Service Center  
U. S. CITIZENSHIP & IMMIGRATION SVC  
75 Lower Welden Street  
Saint Albans VT 05479-0001  
Customer Service Telephone: 800-375-5283



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

Detach This Half for Personal Records

Receipt Number VOID VOID VOID  
I-94#  
NAME VOID VOID VOID  
CLASS  
VAL VOID UN VOID VOID  
PETITIONER  
VOID VOID VOID  
VOID VOID VOID  
VOID VOID VOID

Receipt Number VOID VOID VOID  
US Citizenship and Immigration Services  
VOID VOID VOID  
I94 Departure Record  
Petitioner VOID VOID VOID  
14. Family Name  
VOID VOID VOID  
15. First (Given) Name 16. Date of Birth  
VOID VOID VOID  
17. Country of Citizenship  
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 UPS

US Department of Homeland Security  
US Citizenship and Immigration Services

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

Dear Sir or Madam:

In connection with the above-reference petition, enclosed please find the following:

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

1. \$460.00 filing fee;
2.        \$1,500.00 education and training fee (only if applicable);
3.        Premium Processing (only if applicable);
  - \$1,225.00 Premium Processing fee;
  - Form I-907 Request for Premium Processing;
4. Notice of Entry of Appearance as Attorney (Form G-28);
5. Form I-129, H Supplement, and H-1B Data Collection;
6. Labor Condition Application (Form ETA 9035), duly certified;
7. Petitioner's letter of support; and
8. Supporting documentation.
9.   ✓   I-539, Application for H-4 Status of Dependent(s) (only if applicable);
  - \$370.00 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 Mulholland | Kyle L. Klass | Nathalie Fassié | Dalina Callaghan  
Joan S. Claxton | Jason R. Miller | Anastasia Carrasco | Joung E. Lee  
Jennifer D. Bazzell | Elishwa E. Lazar | Scott H. Schaefer

Atlanta • Auckland • Beijing • Bengaluru • Boston • Brisbane • Brussels • Chicago • Coral Gables • Dallas • Doha • Dubai • Frankfurt  
Hong Kong • Houston • Irvine • Johannesburg • Kochi • London • Los Angeles • Maastricht • Melbourne • Mexico City • Nairobi  
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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)

Elishwa E. Lazar

2.b. Given Name  
(First Name)

2.c. Middle Name

3.a. Street Number  
and Name

1101 15th Street NW

3.b. Apt. ☐ Ste. ☒ Flr. ☐

700

3.c. City or Town

Washington

3.d. State

DC

3.e. ZIP Code

20005

3.f. Province

3.g. Postal Code

3.h. Country

USA

4. Daytime Telephone Number

202-223-5515

5. Fax Number

202-380-1095

6. E-Mail Address (if any)

tcs.receipts@fragomen.com

7. Mobile Telephone Number (if any)

Part 2. Notice of Appearance as Attorney or  
Accredited Representative

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

1.a. ☒ USCIS

1.b. List the form numbers

I-129 I-907

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)

Jindal

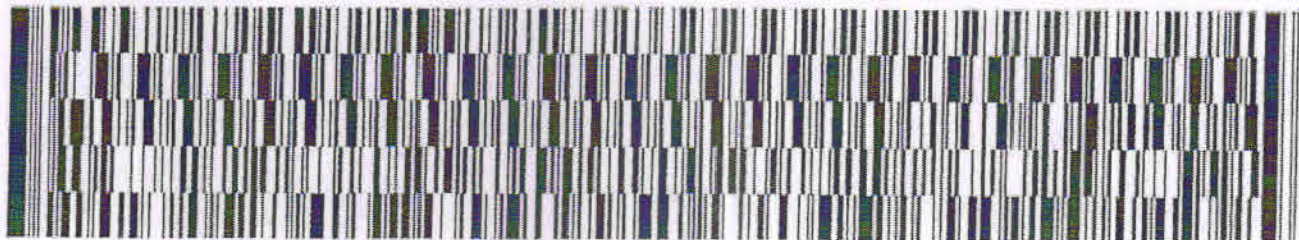
5.b. Given Name  
(First Name)

Amit

5.c. Middle Name

6. Name of Company or Organization (if applicable)

TATA CONSULTANCY SERVICES LIMITED





**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
9. Daytime Telephone Number
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. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application, petition, or request being filed with this Form G-28.

- 12.a. Street Number and Name
- 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

**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

DC VA MD NY CA FL

- 1.b. Bar Number (if applicable)

**FL 125551**

- 1.c. Name of Law Firm

Fragomen, Del Rey, Bernsen & 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(a)(2)(iv).

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

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

**Consent to Representation and Release of Information**

1. I have requested the representation of and consented to being represented by the attorney or accredited representative named in Part 1. of this form. According to the Privacy Act of 1974 and DHS policy, I also consent to the disclosure to the named attorney or accredited representative of any record pertaining to me that appears in any system of records of USCIS, ICE or CBP.

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

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

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

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

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

→ \_\_\_\_\_

- 3.b. Date of Signature (mm/dd/yyyy) ▶ FEB 28 2018

**Part 5. Signature of Attorney or Accredited Representative**

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

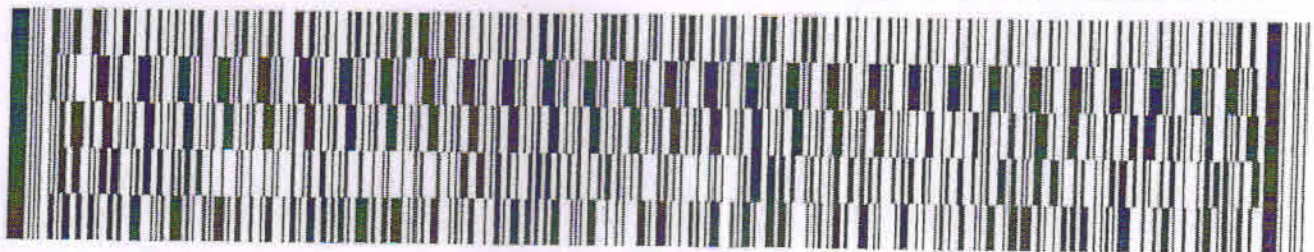
1. Signature of Attorney or Accredited Representative

\_\_\_\_\_

2. Signature of Law Student or Law Graduate

\_\_\_\_\_

3. Date of Signature (mm/dd/yyyy) ▶ FEB 28 2018

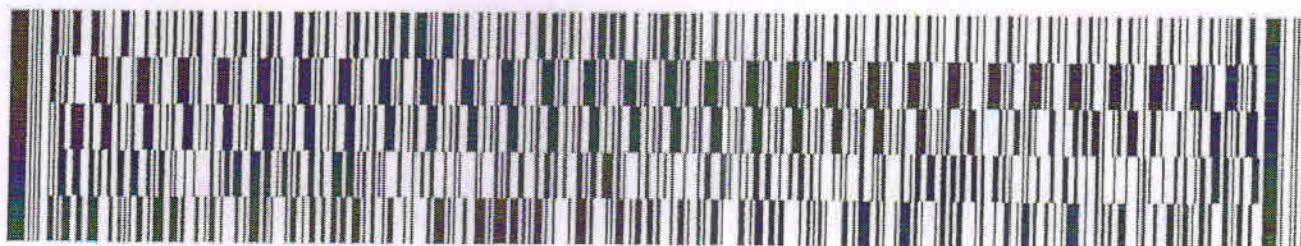




Use the space provided below to provide additional information pertaining to **Part 3, Item Numbers 1.a. - 1.d.** or to provide your U.S. business address for purposes of receiving secure identity documents for your client (if your client has consented to your receipt of such documents under **Part 4.**)

Fragomen, Del Rey, Bernsen & Loewy, LLP

Washington, DC 20005





# Petition for a Nonimmigrant Worker

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

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

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

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

## Part 1. Petitioner Information

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

### 1. Legal Name of Individual Petitioner

Family Name (Last Name)	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, Head Immigration & Compliance North America			
Street Number and Name 9201 Corporate Boulevard		Apt. Ste. Flr. Number <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 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) ▶ 98-0429-806	Individual IRS Tax Number ▶	U.S. Social Security Number (if any) ▶
--	--------------------------------	---



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

1. Requested Nonimmigrant Classification (Write classification symbol): H-1B
2. Basis for Classification (select only one box):
- ☐ a. New employment.
  - ☐ b. Continuation of previously approved employment without change with the same employer.
  - ☐ c. Change in previously approved employment.
  - ☐ d. New concurrent employment.
  - ☐ e. Change of employer.
  - ☒ f. Amended petition.
3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None." ▶ E A C 1 0 0 7 5 5 1 5 0 4
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 |
|-------------------------|-------------------------|-------------|
| Srinivasaraghavan       | Giridhar                |             |
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<br>(mm/dd/yyyy) <span style="border: 1px solid black; padding: 2px;">12/24/1984</span> | Gender<br><input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | U.S. Social Security Number (if any)<br><span style="border: 1px solid black; padding: 2px;">▶</span> |
|--|--|---|



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

1. **Requested Nonimmigrant Classification** (Write classification symbol):
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."**
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.)

**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 |
|-------------------------|-------------------------|-------------|
| Srinivasaraghavan       | Giridhar                |             |
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<br>(mm/dd/yyyy) | Gender   | U.S. Social Security Number (if any) |
| 12/24/1984                    | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female |                                      |



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

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

Province of Birth	Country of Citizenship or Nationality
	India

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

Date of Last Arrival (mm/dd/yyyy)	I-94 Arrival-Departure Record Number	Passport or Travel Document Number
08/12/2017	5 5 0 6 6 4 3 1 9 8 5	R8250239

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
09/18/2017	09/17/2027	India

Current Nonimmigrant Status	Date Status Expires or D/S
H-1B	(mm/dd/yyyy) 04/10/2018

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
7 Crown Point Drive		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	22
City or Town		State	ZIP Code
Dover		NH	03820

## 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	Apt.	Stc.	Flr.	Number
Thamari Flats, Plot No 7, Door No 8, Muthiyal Reddy Nagar, 1st Street Adambakkam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

City or Town	State
Chennai	Tamil Nadu

Province	Postal Code	Country
	600088	India

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



#### Part 4. Processing Information (continued)

3. Are you filing any other petitions with this one?  
☐ Yes. If yes, how many?  ☒ No
4. Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at [www.cbp.gov/i94](http://www.cbp.gov/i94) instead of filing an application for a replacement/initial I-94.  
☐ Yes. If yes, how many?  ☒ No
5. Are you filing any applications for dependents with this petition?  
☒ Yes. If yes, how many?  ☐ No
6. Is any beneficiary in this petition in removal proceedings?  
☐ Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s). ☒ No
7. Have you ever filed an immigrant petition for any beneficiary in this petition?  
☐ Yes. If yes, how many?  ☒ No
8. Did you indicate you were filing a new petition in **Part 2**?  
☐ Yes. If yes, answer the questions below. ☒ No. If no, proceed to **Item Number 9.**
- a. Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?  
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No
- b. Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?  
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No
9. Have you ever previously filed a nonimmigrant petition for this beneficiary?  
☒ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No
10. If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?  
☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☐ No
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?  
☐ Yes. If yes, proceed to **Item Number 11.b.** ☒ No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

#### Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

- |  |   |
|--|---|
| 1. Job Title                                   | 2. LCA or ETA Case Number                       |
| <input type="text" value="Analyst - Testing"/> | <input type="text" value="I-200-18047-947447"/> |



### 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 American General Life Insurance Company, 21650 Oxnard St

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

Woodland Hills

State

CA

ZIP Code

91367

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

BUSINESS INFORMATION TECHNOLOGY CONSULTING FIRM

13. Year Established

1968

14. Current Number of Employees in the United States

10,000 (US)

15. Gross Annual Income

\$17.6 BILLION

16. Net Annual Income

\$3.9 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)

Jindal

Given Name (First Name)

Amit

Title

Head Immigration & Compliance North America

**2. Signature and Date**

Signature of Authorized Signatory



Date of Signature

(mm/dd/yyyy)

FEB 28 2018

**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)

Elishwa E. Lazar

Given Name (First Name)

**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, Bernsen & Loewy, LLP