

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION

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

Receipt Number EAC2100752364		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 10/02/2020	Priority Date	Petitioner TATA CONSULTANCY SVCS LTD.
Notice Date 09/01/2021	Page 1 of 2	Beneficiary SRINIVASARAGHAVAN, GIRIDHAR

TATA CONSULTANCY SVCS LTD
c/o LISA G PARKER
FRAGOMEN DEL REY BERNSEN & LOEWY L
1101 15TH STREET NW STE 700
WASHINGTON DC 20005

Notice Type: Approval Notice
Class: H1B
Valid from 10/02/2020 to 09/14/2023

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

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

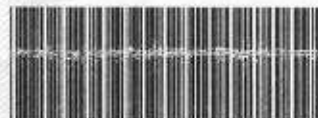
The petitioner should keep the upper portion of this notice. The lower portion should be given to the beneficiary(ies). The beneficiary(ies) should keep the right part (the I-94 portion) with his or her other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and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

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

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

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

Vermont Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001
USCIS Contact Center: www.uscis.gov/contactcenter



PLEASE PRINT OR TYPE (DO NOT SIGN) THE DESIGNATION NUMBER, DO NOT SIGN/INITIAL ANY NUMBER.

Detach This Half for Personal Records

Receipt# EAC2100752364

I-94# 462033936 A2

NAME SRINIVASARAGHAVAN, GIRIDHAR

CLASS H1B

VALID FROM 10/02/2020 UNTIL 09/14/2023

PETITIONER

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

462033936 A2

Receipt Number EAC2100752364

US Citizenship and Immigration Services

I94 Departure Record

Petitioner: TATA CONSULTANCY SVCS LTD

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

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION

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

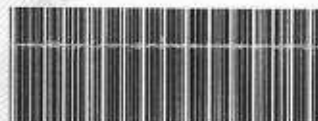
Receipt Number EAC2100752364		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 10/02/2020	Priority Date	Petitioner TATA CONSULTANCY SVCS LTD.
Notice Date 09/01/2021	Page 2 of 2	Beneficiary SRINIVASARAGHAVAN, GIRIDHAR

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 or phone 202-205-2417 or fax 202-481-5719.

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

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

Vermont Service Center
U. S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001
Customer Service Telephone: 800-375-5283



PLEASE TEAR OFF FORM I-797A PRINTED BELOW AND STAPLE TO ORIGINAL I-94 IF AVAILABLE.

Detach This Half for Personal Records

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

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

FRAGOMEN

ATTORNEYS AT LAW

Fragomen, Del Rey, Bernsen & Loewy, LLP
1101 15th Street, N.W., Suite 700
Washington, DC 20005
USA

O +1 202 223 5515

F +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-referenced 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);
 - \$1,440.00 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;
 - x3 \$85.00 biometrics fee(s);
 - Form G-28;
 - Form I-539;
 - Form I-539A(s) (only if applicable);
 - Copy of Applicant's I-94 form and passport; and
 - Supporting documentation evidencing familial relationship.

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 | Kyle L. Klass | Nathalie Fassié | Dalina Callaghan | Joan S. Claxton
Stephanie D. Weaver | Jennifer D. Branda | Elishwa E. Lazar | Keri A. Hamilton | Sergio A. Athanasso
K. Browne Warren | Omar S. Roshnaye | Whitney B. Morgan | Ava J. Morgenstern
Kate S. Hur | Elhaum M. Langroodi | Brandy N. Williams



Notice of Entry of Appearance
as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) Williams

2.b. Given Name (First Name) Brandy

2.c. Middle Name N

Address of Attorney or Accredited Representative

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 UNITED STATES OF AMERICA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

202-223-5515

5. Mobile Telephone Number (if any)

6. Email Address (if any)

tcs.receipts@fragomen.com

7. Fax Number (if any)

202-403-3343

Part 2. 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 extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

Texas

1.b. Bar Number (if applicable)

24076285

1.c. I (select only one box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

Fragomen, Del Rey, Bernsen & Loewy, LLP

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

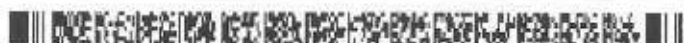
2.c. Date of Accreditation (mm/dd/yyyy)

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 for a limited purpose is at his or her request.

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).

4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

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

1.a. ☒ U.S. Citizenship and Immigration Services (USCIS)

1.b. List the form numbers or specific matter in which appearance is entered.

I-129; I-907

2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)

2.b. List the specific matter in which appearance is entered.

3.a. ☐ U.S. Customs and Border Protection (CBP)

3.b. List the specific matter in which appearance is entered.

4. Receipt Number (if any)



5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☒ Petitioner ☐ Requestor

☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

6.a. Family Name (Last Name) Jindal / Yarasinghu

6.b. Given Name (First Name) Amit Venkata Srinath

6.c. Middle Name

7.a. Name of Entity (if applicable)

Tata Consultancy Services Limited

7.b. Title of Authorized Signatory for Entity (if applicable)

Head Immigration & HR Compliance North America Immigration Manager

8. Client's USCIS Online Account Number (if any)



9. Client's Alien Registration Number (A-Number) (if any)

▶ A-

Client's Contact Information

10. Daytime Telephone Number

301-231-9083

11. Mobile Telephone Number (if any)

12. Email Address (if any)

tcs.receipts@fragomen.com

Mailing Address of Client

NOTE: Provide the client's mailing address. Do not provide the business mailing address of the attorney or accredited representative unless it serves as the safe mailing address on the application or petition being filed with this Form G-28.

13.a. Street Number and Name 9201 Corporate Boulevard

13.b. ☐ Apt. ☒ Ste. ☐ Flr. 320

13.c. City or Town Rockville

13.d. State MD 13.e. ZIP Code 20850

13.f. Province

13.g. Postal Code

13.h. Country

USA

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

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 U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.


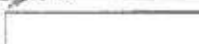
If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. ☐ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

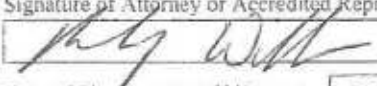
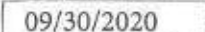
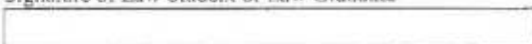
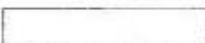
- 1.c. ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
➡ 
- 2.b. Date of Signature (mm/dd/yyyy) 

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 DHS. 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. a. Signature of Attorney or Accredited Representative

- 1.b. Date of Signature (mm/dd/yyyy) 
- 2.a. Signature of Law Student or Law Graduate

- 2.b. Date of Signature (mm/dd/yyyy) 

Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2.a. Page Number 2.b. Part Number 2.c. Item Number

2.d.

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d.

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d.

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d.

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d.



Petition for a Nonimmigrant Worker

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 10/31/2021

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)

N/A

Given Name (First Name)

N/A

Middle Name

N/A

2. Company or Organization Name

Tata Consultancy Services Limited

3. Mailing Address of Individual, Company or Organization

(USPS ZIP Code Lookup)

In Care Of Name

Head Immigration & HR Compliance North America

Street Number and Name

9201 Corporate Boulevard

Apt. Ste. Flr. Number

☐ ☒ ☐ 320

City or Town

Rockville

State

MD

ZIP Code

20850

Province

N/A

Postal Code

N/A

Country

USA

4. Contact Information

Daytime Telephone Number

301-231-9083

Mobile Telephone Number

N/A

Email Address (if any)

amit1.jindal@tcs.com

5. Other Information

Federal Employer Identification Number (FEIN)

► 98-0429-806

Individual IRS Tax Number

► N / A

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."** ▶ **EAC1924151207**
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**
N/A
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 |
|-------------------------|-------------------------|-------------|
| N/A | N/A | N/A |
| | | |
| | | |
4. **Other Information**
- | Date of birth (mm/dd/yyyy) | Gender | U.S. Social Security Number (if any) |
|----------------------------|--|--------------------------------------|
| 12/24/1984 | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | ▶ 424671622 |

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- N / A	India
Province of Birth	Country of Citizenship or Nationality
N/A	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
01/26/2020	▶ 4 6 2 0 3 3 9 3 6 A 2	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 (mm/dd/yyyy)	
H-1B	02/19/2021	
Student and Exchange Visitor Information System (SEVIS) Number (if any)	Employment Authorization Document (EAD) Number (if any)	
N/A	N/A	

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

Street Number and Name	Apt. Ste. Flr.	Number
5001, 148th Avenue NorthEast	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	D203
City or Town	State	ZIP Code
Bellevue	WA	98007

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. Ste. Flr.	Number
Plot No 17, Door No 8, Muthiyal Reddy Nagar 1st Street	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N/A
City or Town	State	
Adambakkam	Tamil Nadu	
Province	Postal Code	Country
N/A	600088	India

2. Does each person in this petition have a valid passport? ☒ Yes ☐ No. If no, go to **Part 10.** 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 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 10.** 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 10.** 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 10.** 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 10.** 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 10.** 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.

N/A

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-200-20261-828479"/> |

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 Apt. Ste. Flr. Number
TCSL c/o Liberty Mutual Insurance Company, 1001 Fourth Avenue ☐ ☐ ☐ N/A
City or Town State ZIP Code
Seattle WA 98154
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? ▶ N/A
9. Wages: \$ 85,300 per (Specify hour, week, month, or year) ▶ Year
10. Other Compensation (Explain)
Standard Company Benefits
11. Dates of intended employment From: (mm/dd/yyyy) 10/01/2020 To: (mm/dd/yyyy) 09/14/2023
12. Type of Business Business Information Technology Consulting Firm 13. Year Established 1986
14. Current Number of Employees in the United States 28,731 (US) 15. Gross Annual Income \$20.9 Billion 16. Net Annual Income \$4.4 Billion

Part 6. Information About The Beneficiary's Public Benefits

Part 6 only applies to petitions that also seek a change of a beneficiary's status or an extension of a beneficiary's nonimmigrant stay in the United States. If you are filing this petition without a request for the beneficiary's change of status or extension of stay, you may skip **Part 6**.

Provide the requested information and submit documentation as outlined in the Instructions. For additional beneficiaries, please respond to the questions in **Attachment 1** below.

Part 6. Information About The Beneficiary's Public Benefits (continued)

1. Has the beneficiary received, since obtaining the nonimmigrant status that you seek to extend or that you seek to change on behalf of the beneficiary, received, or is the beneficiary currently certified to receive, the following public benefits? (select all that apply).
- ☐ Yes, the beneficiary has received or is currently certified to receive the following public benefits: (select all that apply)
- ☐ Any Federal, State, local or tribal cash assistance for income maintenance
 - ☐ Supplemental Security Income (SSI)
 - ☐ Temporary Assistance for Needy Families (TANF)
 - ☐ General Assistance (GA)
 - ☐ Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
 - ☐ Section 8 Housing Assistance under the Housing Choice Voucher Program
 - ☐ Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
 - ☐ Public Housing under the Housing Act of 1937, 42 U.S.C. 1437 et seq.
 - ☐ Federally-Funded Medicaid
- ☒ No, the beneficiary has not received any of the above listed public benefits.
- ☒ No, the beneficiary is not certified to receive any of the above listed public benefits.
2. If the beneficiary has received or is currently certified to receive any of the above public benefits, provide information about the public benefits below. If you need additional space to complete any Item Number in this Part, use the space provided in **Part 10. Additional Information**. Submit evidence as outlined in the Instructions.

A. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)Date Benefit Ended or Expires
(mm/dd/yyyy)**B. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)Date Benefit Ended or Expires
(mm/dd/yyyy)**C. Type of Benefit**

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)Date Benefit Ended or Expires
(mm/dd/yyyy)

Part 6. Information About The Beneficiary's Public Benefits (continued)

D. Type of Benefit

Agency that Granted the Benefit

Date the Beneficiary Started Receiving the Benefit or if Certified,
Date the Beneficiary Will Start Receiving the Benefit (mm/dd/yyyy)

Date Benefit Ended or Expires
(mm/dd/yyyy)

3. If you answered "Yes" to **Item Number 1.**, do any of the following apply to the beneficiary? Provide the evidence listed in the Form I-129 Instructions.

- ☐ The beneficiary is enlisted in the Armed Forces, or is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ The beneficiary is the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ At the time the beneficiary received the public benefits, the beneficiary (or the beneficiary's spouse or parent) was enlisted in the Armed Forces, or was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ At the time the beneficiary received the public benefits, the beneficiary was present in the United States in a status exempt from the public charge ground of inadmissibility.
- ☐ At the time the beneficiary received the public benefits, the beneficiary was present in the United States after being granted a waiver of the public charge ground of inadmissibility.
- ☐ The beneficiary is a child currently residing abroad who entered the United States with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- ☐ None of the above statements apply to the beneficiary.

4. Has the beneficiary received, applied for, or has been certified to receive federally-funded Medicaid in connection with any of the following (select all that apply): Submit evidence as outlined in the Instructions.

- ☐ An emergency medical condition
- ☐ For a service under the Individuals with Disabilities Education Act (IDEA)
- ☐ Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
- ☐ While under the of age 21
- ☐ While pregnant or during the 60-day period following the last day of pregnancy

5. Provide the applicable dates From: (mm/dd/yyyy) To: (mm/dd/yyyy)

Part 7. 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 8. 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 / Yarasinghu

Given Name (First Name)

Amit / Venkata Srinath

Title

Head Immigration & HR Compliance North America / Immigration Manager

2. Signature and Date

Signature of Authorized Signatory



Date of Signature (mm/dd/yyyy)

10/01/20

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 4 - Education, Occupations, and Contact Information of Person Preparing Letter to Congress

Family Name (Last Name)

Williams

First Name (First Name)

John

Present Address (Street, Apt. No., Box No., etc.)

1101 16th Street NW, Washington, DC 20036

City, State, Zip, Country (City, State, Zip, Country)

Washington, DC

1101 16th Street NW

700

City, State

Washington

State

DC

Zip

20036

Phone

N/A

Work Phone

N/A

Country

USA

Signature

Print Name

John Williams

Print Address (Street, Apt. No., Box No., etc.)

Signature

Print Name (Last Name, First Name)

John Williams, 1101 16th Street NW, Washington, DC 20036

Phone (Area Code, Number)

N/A

John Williams

Print Name (Last Name, First Name)

John Williams

Part 10. 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 10**, 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 petitions on behalf of the Beneficiary:

Petition Type: H-1B

File Numbers: EAC-19-241-51207, EAC-16-075-51504 and EAC-12-152-51831.

3.

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

Itinerary not required:

During the entirety of the period requested in this petition, we intend for the Beneficiary to work at the sole worksite identified in this petition.

As such, regulations at 8 CFR Sec. 214.2(h)(2)(i)(B) do not apply.

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 10/31/2021

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

Giridhar Srinivasaraghavan

OR

2.b. Provide the total number of beneficiaries

N/A

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
Giridhar Srinivasaraghavan; H-1B	01/26/2020	Present
	08/12/2017	01/31/2019
	04/24/2013	10/28/2013
Please refer to attached recapture chart		

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. If you selected a. or d. in Item Number 4., and are filing an H-1B cap petition (including a petition under the U.S. advanced degree exemption), provide the Beneficiary Confirmation Number from the H-1B Registration Selection Notice for the beneficiary named in this petition (if applicable).

N/A

6. Are you filing this petition on behalf of a beneficiary subject to the Guam-CNMI cap exemption under Public Law 110-229?

☐ Yes ☒ No

7. 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

8.a. Does any beneficiary in this petition have ownership interest in the petitioning organization?

☐ Yes. If yes, please explain in Item Number 8.b. ☒ No

8.b. Explanation

N/A

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-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 / Venkata Srinath Yarasinghu

10/01/20

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 / Venkata Srinath Yarasinghu

10/01/20

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)

N/A

Attachment to Form I-129
Recapture Worksheet
8 CFR Section 214.2 (h)(13)(iii)(A)

Petitioner: Tata Consultancy Services Limited
Foreign National: Giridhar Srinivasaraghavan

Departure from U.S.	Entry to U.S.	# of days outside U.S.	Evidence enclosed
N/A	24-Apr-2013	N/A	
28-Oct-2013	12-Aug-2017	1383	
31-Jan-2019	26-Jan-2020	359	
Total # of days spent outside U.S.		1,742	

First entry to U.S. in H/L status: 24-Apr-2013

Max. time in H/L status based on initial H/L entry: 23-Apr-2019

Number of days to recapture: 1,742
(total # of days spent outside U.S.):

New max. period of H/L stay with recaptured days: 29-Jan-2024

PERM FILED:
I-140 APPROVED:



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 10/31/2021

1. Name of the Petitioner

Tata Consultancy Services Limited

2. Name of the Beneficiary

Giridhar Srinivasaraghavan

Section 1. General Information

1. Employer Information - (select all items that apply)

- a. Is the petitioner an H-1B dependent employer? ☒ Yes ☐ No
- b. Has the petitioner ever been found to be a willful violator? ☐ Yes ☒ No
- c. Is the beneficiary an H-1B nonimmigrant exempt from the Department of Labor attestation requirements? ☒ Yes ☐ No
- c.1. If yes, is it because the beneficiary's annual rate of pay is equal to at least \$60,000? ☒ Yes ☐ No
- c.2. Or is it because the beneficiary has a master's degree or higher degree in a specialty related to the employment? ☒ Yes ☐ No
- d. Does the petitioner employ 50 or more individuals in the United States? ☒ Yes ☐ No
- d.1. If yes, are more than 50 percent of those employees in H-1B, L-1A, or L-1B nonimmigrant status? ☒ Yes ☐ No

2. Beneficiary's Highest Level of Education (select only one box)

- ☐ a. NO DIPLOMA
- ☐ 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, MBA)
- ☐ h. Professional degree (for example: MD, DDS, DVM, LLB, JD)
- ☐ i. Doctorate degree (for example: PhD, EdD)

3. Major/Primary Field of Study

Computer Science

4. Rate of Pay Per Year

\$85,300

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 8 CFR 214.2(h)(19)(iii)(B)? ☐ Yes ☒ No

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

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

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

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

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

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

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

Section 3. Numerical Limitation Information

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

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

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

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

N/A

- b. Date Degree Awarded

N/A

- c. Type of United States Degree

N/A

- d. Address of the United States institution of higher education

Street Number and Name

N/A

Apt. Ste. Flr. Number

☐ ☐ ☐ N/A

City or Town

N/A

State

N/A

ZIP Code

N/A

Section 3. Numerical Limitation Information (continued)

3. If you answered Item Number 1.d. "CAP Exempt," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:
- ☐ a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 1001(a).
 - ☐ b. The petitioner is a nonprofit entity related to or affiliated with an institution of higher education as defined in 8 CFR 214.2(h)(8)(ii)(F)(2).
 - ☐ c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(ii)(F)(3).
 - ☐ d. The beneficiary will be employed at a qualifying cap exempt institution, organization or entity pursuant to 8 CFR 214.2(h)(8)(ii)(F)(4).
 - ☒ e. The petitioner is requesting an amendment to or extension of stay for the beneficiary's current H-1B classification.
 - ☐ f. The beneficiary of this petition is a J-1 nonimmigrant physician who has received a waiver based on section 214(l) of the Act.
 - ☐ g. The beneficiary of this petition has been counted against the cap and (1) is applying for the remaining portion of the 6 year period of admission, or (2) is seeking an extension beyond the 6-year limitation based upon sections 104(c) or 106(a) of the American Competitiveness in the Twenty-First Century Act (AC21).
 - ☐ h. The petitioner is an employer subject to the Guam-CNMI cap exemption pursuant to Public Law 110-229.

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

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

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



Please read and review the filing instructions carefully before completing the Form ETA- 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.dol/eta.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 (DOL). For all submissions, both electronic (Form ETA- 9035E) or paper (Form ETA- Form 9035 where the employer has notified DOL that it will submit this form non-electronically due to a disability or received permission from DOL to file non-electronically due to lack of Internet access), 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 * ANALYST-TESTING

2. SOC (ONET/OES) code *
15-1199.01

3. SOC (ONET/OES) occupation title *
Software Quality Assurance Engineers and Testers

4. Is this a full-time position? *

☒ Yes ☐ No

Period of Intended Employment

5. Begin Date * 9/22/2020
(mm/dd/yyyy)

6. End Date * 9/14/2023
(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 total workers in each applicable category)

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

3. Address 1 *
9201 CORPORATE BOULEVARD

4. Address 2
SUITE 320

5. City *
ROCKVILLE

6. State *
Maryland

7. Postal code *
20850

8. Country *
United States Of America

9. Province

10. Telephone number *
+1 (301) 231-9083

11. Extension

12. Federal Employer Identification Number (FEIN from IRS) *
98-0429806

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

Labor Condition Application for Nonimmigrant Workers
Form ETA-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 *		
HEAD IMMIGRATION & HR COMPLIANCE NORTH AMERICA		
5. Address 1 *		
9201 CORPORATE BOULEVARD		
6. Address 2		
SUITE 320		
7. City *	8. State *	9. Postal code *
ROCKVILLE	Maryland	20850
10. Country *		11. Province
United States Of America		
12. Telephone number *	13. Extension	14. E-Mail address
+1 (301) 231-9083		AMIT1.JINDAL@TCS.COM

E. Attorney or Agent Information (If applicable)

Important Note: The employer authorizes the attorney or agent identified in this section to act on its behalf in connection with the filing of this application.

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 §	8. State §	9. Postal code §	
WASHINGTON	District Of Columbia	20005	
10. Country §		11. Province	
United States Of America			
12. Telephone number §	13. Extension	14. E-Mail address	
+1 (202) 223-5515		TCSLCA@FRAGOMEN.COM	
15. Law firm/Business name §		16. Law firm/Business FEIN §	
FRAGOMEN, DEL REY, BERNSEN & LOEWY LLP		13-2726464	
17. State Bar number (only if attorney) §		18. State of highest court where attorney is in good standing (only if attorney) §	
975906		District Of Columbia	
19. Name of the highest State court where attorney is in good standing (only if attorney) §			
DISTRICT OF COLUMBIA COURT OF APPEALS			

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



F. Employment and Wage Information

Important Note: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting 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. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. Place of Employment Information 1

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*		1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment.*		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. § LIBERTY MUTUAL INSURANCE COMPANY		
4. Address 1* 1001 FOURTH AVENUE		
5. Address 2		
6. City* SEATTLE		7. County* King
8. State/District/Territory* Washington		9. Postal code* 98154
10. Wage Rate Paid to Nonimmigrant Workers* From* \$ 77875 . 00 To: \$ 93100 . 00		10a. 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 Rate* \$ 77875 . 00		11a. 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
Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one):*		
12.	A Prevailing Wage Determination (PWD) issued by the Department of Labor	a. PWD tracking number §
13. <input checked="" type="checkbox"/>	A PW obtained independently from the Occupational Employment Statistics (OES) Program	
	a. Wage Level (check one): § <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	b. Source Year § 7/1/2020 - 6/30/2021
14.	A PW obtained using another legitimate source (other than OES) or an independent authoritative source	
	a. Source Type (check one): § <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey	b. Source Year §
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §	
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §	



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

G. Employer Labor Condition Statements

! Important Note: In order for your application to be processed, you **MUST** read Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E under the heading "Employer Labor Condition Statements" and agree to all four (4) labor condition statements summarized below:

- (1) **Wages:** The employer shall pay nonimmigrant workers at least the prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. The employer shall offer nonimmigrant workers benefits and eligibility for benefits provided as compensation for services on the same basis as the employer offers to U.S. workers. The employer shall not make deductions to recoup a business expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, H-1B1, or E-3 program functions which are required to be performed by the employer. This includes expenses related to the preparation and filing of this LCA and related visa petition information. 20 CFR 655.731;
- (2) **Working Conditions:** The employer shall provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. The employer's obligation regarding working conditions shall extend for the duration of the validity period of the certified LCA or the period during which the worker(s) working pursuant to this LCA is employed by the employer, whichever is longer. 20 CFR 655.732;
- (3) **Strike, Lockout, or Work Stoppage:** At the time of filing this LCA, the employer is not involved in a strike, lockout, or work stoppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the Department of Labor within 3 days of the occurrence of a strike or lockout in the occupation, and in that event the LCA will not be used to support a petition filing with the U.S. Citizenship and Immigration Services (USCIS) until the DOL Employment and Training Administration (ETA) determines that the strike or lockout has ended. 20 CFR 655.733; and
- (4) **Notice:** Notice of the LCA filing was provided no more than 30 days before the filing of this LCA or will be provided on the day this LCA is filed to the bargaining representative in the occupation and area of intended employment, or if there is no bargaining representative, to workers in the occupation at the place(s) of employment either by electronic or physical posting. This notice was or will be posted for a total period of 10 days, except that if employees are provided individual direct notice by e-mail, notification need only be given once. A copy of the notice documentation will be maintained in the employer's public access file. A copy of this LCA will be provided to each nonimmigrant worker employed pursuant to the LCA. The employer shall, no later than the date the worker(s) report to work at the place(s) of employment, provide a signed copy of the certified LCA to the worker(s) working pursuant to this LCA. 20 CFR 655.734.

1. I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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H. 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 H - Subsection 1 of the Form ETA 9035CP - General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and answer the questions below.

a. Subsection 1

1. At the time of filing this LCA, is the employer H-1B dependent? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. At the time of filing this LCA, is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If "Yes" is marked in questions H.1 and/or H.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 nonimmigrant workers? §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. If "Yes" is marked in question H.3, identify the statutory basis for the exemption of the H-1B nonimmigrant workers associated with this LCA. §	<input checked="" type="checkbox"/> \$60,000 or higher annual wage <input type="checkbox"/> Master's Degree or higher in related specialty <input type="checkbox"/> Both
H-1B Dependent or Willful Violator Employers -Master's Degree or Higher Exemptions ONLY	
5. Indicate whether a completed Appendix A is attached to this LCA covering any H-1B nonimmigrant worker for whom the statutory exemption will be based <u>ONLY</u> on attainment of a Master's Degree or higher in related specialty. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

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



If you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (exempt H-1B nonimmigrant workers), you **MUST** read Section H – Subsection 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E 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:** An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filing of the visa petition. 20 CFR 655.738(c);
- B. **Secondary Displacement:** An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(5) concerning that other/secondary employer's displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition if the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period; and
- C. **Recruitment and Hiring:** Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655.739.

6. I have read and agree to Additional Employer Labor Condition Statements A, B, and C above and as fully explained in Section H – Subsections 1 and 2 of the Form ETA 9035CP – General Instructions for the 9035 & 9035E and the Department's regulations at 20 CFR 655 Subpart H. §	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I. Public Disclosure Information

Important Note: You must select one or both of the options listed in this Section.

1. Public disclosure information in the United States will be kept at: *	<input checked="" type="checkbox"/> Employer's principal place of business <input type="checkbox"/> Place of employment
--	--

J. Notice of Obligations

- A. Upon receipt of the certified LCA, the employer must take the following actions:
- o Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(c)(3));
 - o Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2); 20 CFR 655.730(c)(3); and 20 CFR 655.760); and
 - o Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.S. or at the place of employment within one working day after the date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.760).
- B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(4)(iv)).
- C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act (20 CFR 655.760 and 20 CFR Subpart I).

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge, the information contained therein is true and accurate. I understand that to knowingly furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Last (family) name of hiring or designated official *	2. First (given) name of hiring or designated official *	3. Middle initial §
JINDAL / YARASINGHU	AMIT / VENKATA SRINATH	
4. Hiring or designated official title *		
HEAD IMMIGRATION & HR COMPLIANCE NA / IMMIGRATION MGR		
5. Signature *	6. Date signed *	
	10/01/20	

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



K. 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 §	2. First (given) name §	3. Middle initial
4. Firm/Business name §		
5. E-Mail address §		

L. 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 9/22/2020 to 9/14/2023



Department of Labor, Office of Foreign Labor Certification

9/23/2020

Certification Date (date signed)

I-200-20261-828479

Case number

Certified

Case Status

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA.

M. 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 DOL before it can be submitted to USCIS for final 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, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at www.dol.gov/whd. 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, Civil Rights Division, Immigrant and Employee Rights Section, 950 Pennsylvania Avenue, NW, # IER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at www.justice.gov. Please note that complaints should be filed with the Civil Rights Division, Immigrant and Employee Rights Section 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).

N. 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. Your response is required to receive the benefit of consideration of your application. (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 75 minutes 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, Employment and Training Administration, Office of Foreign Labor Certification, 200 Constitution Ave., NW, Box PPII 12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**



August 19, 2020

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

RE: **I-129 H-1B Petition for Nonimmigrant Worker**

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 beneficiary referred to in the attached Form I-129. TCSL wishes to employ the Beneficiary in the specialty occupation and professional position of **Analyst-Testing** (Software Quality Assurance Engineers & Testers, OES/SOC Code 15-1199.01). 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 solutions provider that has been partnering with the world's largest businesses in their transformation journeys for the last fifty years. TCSL offers a consulting-led, cognitive-powered, integrated portfolio of business, technology, and engineering services and solutions. This is delivered through our unique, location-independent Agile delivery model, a benchmark of excellence in software development. As part of the Tata group, India's largest multinational business group, TCSL employs over 424,000 of the world's best-trained consultants in 50 countries and generated consolidated revenues of US \$20.9 billion for the fiscal year ending March 31, 2019. TCSL in India exercises direct control over its branch offices and operations in the United States.

TCSL began working with U.S. companies in 1971, and we opened our first U.S. office in 1979. TCSL employs thousands of Americans across 44 states, the District of Columbia, and Puerto Rico to serve more than 500 U.S. companies, including some of the world's leading brands. The U.S. market is important to our business. We are expanding our investments in U.S. communities to help us meet the needs of our customers while contributing to the strength of the American economy. In the last five years, TCSL has hired more than 12,500 Americans, **placing TCSL among the top two U.S. job creators among all IT services firms**. We expect to do more of the same in the years ahead. These jobs are well-paid and provide highly skilled Americans with the opportunity to work with Fortune 500 companies on some of their biggest innovations and challenges. In 2019, TCSL was named as a Top Employer in the United States for the fifth straight year by the Top Employer Institute. *Please see the enclosed Annual Report to learn more about TCSL and our investment in the United States as well as our recent accomplishments and priorities.*

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

The Employer-Employee Relationship

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 will 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 and to pay the Beneficiary's remuneration. TCSL will have the right to control the Beneficiary and the Beneficiary will have a TCSL manager. 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.

Attached is documentation showing the employer-employee relationship between TCSL and the Beneficiary. This includes 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's online SPEED system.

Professional Position Offered

In this professional position, the Beneficiary will perform the following job duties:

- Test applications;
- Develop and execute software test plans in order to identify software problems and their causes;
- Develop testing programs that address areas such as database impacts, software scenarios, regression testing, negative testing, error or bug retests, or usability;
- Document software defects using a bug tracking system and report defects to software developers; and
- Plan test schedules or strategies in accordance with project scope or delivery dates.

Position Offered is a Specialty Occupation

The position of Analyst-Testing is a professional position within a specialty occupation. The position is a complex, client-facing position at TCSL that requires the application of technologies and principles that can only be gained through the attainment of **at least a Bachelor's degree or its equivalent in Computer Science, Computer Engineering, Information Systems, or a directly related specialty Information Technology field**, as well as experience in application testing.

Specifically, the Analyst-Testing position demands a high-functioning individual who is a subject matter expert with respect to the various aspects of complex software defect identification and

analysis and test program design and who is able to provide expert services to clients on day one of a project assignment. The individual must possess the expertise required to build sophisticated client/industry-specific solutions based on client/industry-specific needs. TCSL clients utilize our services because we are able to provide a depth of expertise that is unavailable to them within their own organizations. To remain competitive, we must provide not only uniquely skilled IT services, but also the expert judgment needed to successfully develop custom client solutions. As a consulting service provider, we have only the expertise of our corps of professionals to offer, and in order to produce the level of quality necessary to remain an industry leader, TCSL must maintain high qualification standards in selecting our employees.

In our hiring experience, we have found that individuals who have attained a baccalaureate-level education in Computer Science, Computer Engineering, Information Systems, or a directly related specialty Information Technology field are particularly well suited for the Analyst-Testing position. The program of study in these areas emphasizes engineering mathematics, including logic, algebra, calculus, and algorithmic problem solving; mathematical modeling and numerical analysis; requirements gathering and analysis; and the analysis and design of systems involving sophisticated computer applications and software. Expertise in these areas is extremely valuable for developing complex application testing plans to identify, analyze, and document software defects. These programs of study also provide excellent preparation for identifying system weaknesses and optimization opportunities, as well as communicating solutions to clients.

The foregoing is confirmed by the Department of Labor's Online Wage Library and Data Center, which notes that most Software Quality Assurance Engineer and Tester (O*NET Code: 15-1199.01) positions require at least a Bachelor's degree. This conclusion is further supported by the Occupational Information Network ("O*NET") online position summary for Software Quality Assurance Engineers and Testers. **The O*NET position summary is attached herein.** Attainment of such a degree in a relevant discipline ensures experience with the theoretical and practical application of a body of highly specialized knowledge. More specifically, a person who has obtained the minimum of a Bachelor's degree or equivalent in a quantitative field has obtained the quality of rigorous scholarship required to successfully perform the duties of Analyst-Testing. Our business operations are so complex that the position with its prescribed duties could not be adequately performed by a candidate lacking the core foundation of knowledge attained through completion of a Bachelor's-level program, at minimum, in Computer Science, Computer Engineering, Information Systems, or a directly related specialty Information Technology field. This minimum academic requirement is a business necessity for TCSL, and is normal within the IT Consulting industry.

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 at least a Bachelor's degree or its equivalent in Computer Science, Computer Engineering, Information Systems, or a directly related specialty Information Technology field from an accredited university in the United States. Neither a license nor official permission is required to practice the occupation in the state of intended employment.

Duration of Stay Requested

Although TCSL has identified a particular project for the Beneficiary, the Beneficiary's specialty occupation employment in the United States is not contingent on any one project segment. TCSL has a sizeable book of business represented by many hundreds of complex IT projects ongoing in the United States. Our client engagements are long-term; many of them have been ongoing for decades. We respectfully request that you approve our petition for the duration that we have requested as we intend to employ the Beneficiary in the specialty occupation of Analyst-Testing for this period of time. In the event we deem it necessary to change the Beneficiary's project assignment or position, we will comply with immigration regulations governing changes to employment.

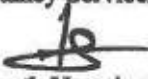
The Beneficiary will be informed that, if this petition is approved, the Beneficiary's stay will be temporary, and the Beneficiary will be required to depart the United States at the conclusion of his or her authorized period of stay in the United States.

Conclusion

Based on the foregoing, we submit that the Beneficiary is eligible for H-1B classification and we, therefore, seek your favorable decision on our petition for the requested period. Thank you for your consideration.

Sincerely,

Amit Jindal
Head Immigration & HR Compliance North America
Tata Consultancy Services Limited


Venkata Srinath Yarasinghu
Immigration Manager
Tata Consultancy Services Limited



ICETS

INTERNATIONAL CREDENTIALS EVALUATION AND TRANSLATION SERVICES
12 WEST 31ST STREET, 7TH FLOOR, NEW YORK, NY 10001
TEL: 212.695.7508 FAX: 212.643.4885 WWW.ICETS.COM

FOREIGN ACADEMIC CREDENTIALS EQUIVALENCY EVALUATION

THE FOLLOWING DIPLOMA(S) HAS/HAVE BEEN EVALUATED BY
INTERNATIONAL CREDENTIALS EVALUATION AND TRANSLATION
SERVICES ON BEHALF OF THE CANDIDATE NAMED BELOW:

CANDIDATE: SRINIVASARAGHAVAN, Giridhar

CREDENTIAL(S) EVALUATED:

- (1) Bachelor of Science Degree
AWARDED BY: The University of Madras, India, 2005
- (2) Master of Computer Applications Degree
AWARDED BY: Pondicherry University, India, 2008

UNITED STATES DEGREE EQUIVALENT:

MASTER OF SCIENCE DEGREE IN COMPUTER SCIENCE

This foreign credentials assessment is non-binding, advisory in nature, and complies with the U.S. Department of Justice, Immigration and Naturalization Service ["INS"] 8CFR 214.2(h)(4)(3)(d) et seq. We assume no liability for damages resulting in the use of this foreign credentials assessment. Copies of documents furnished by representatives of Mr. Srinivasaraghavan attest that Mr. Srinivasaraghavan completed a Bachelor of Science Degree, awarded by The University of Madras, India (2005), and a Master of Computer Applications Degree, awarded by Pondicherry University, India (2008). To the best of our knowledge said documents are copies of actual documents issued by the aforementioned institution(s). A detailed analysis of the submitted credentials, consistent with the AACRAO documents listed under references is also provided.



ANALYSIS OF FOREIGN EDUCATION CREDENTIALS

Mr. Srinivasaraghavan was awarded a Bachelor of Science Degree from The University of Madras in 2005. Mr. Srinivasaraghavan satisfactorily completed the academic requirements of students in the Bachelor of Science Degree program of The University of Madras. Students in the Bachelor of Science Degree program of The University of Madras must complete a core curriculum at the university, which is generally achieved in the first and second years at The University of Madras. The core curriculum includes classes in English, Mathematics, the Social Sciences, and the Sciences. The academic criterion maintained by The University of Madras in the core curriculum of the Bachelor of Science Degree program significantly parallel those parameters upheld by accredited colleges and universities of precedence in the United States. Calculations based on course duration and composition indicate that Mr. Srinivasaraghavan satisfied similar requirements to the completion of academic coursework in a core curriculum of a Bachelor's Degree program at an accredited institution of tertiary education in the United States.

Mr. Srinivasaraghavan completed sufficient specialized coursework in the Bachelor of Science program, including coursework in Physics, and related courses. The academic criterion maintained by The University of Madras of the Bachelor of Science Degree program significantly parallel those parameters upheld by accredited colleges and universities of precedence in the United States. Calculations based on course duration and composition indicate that Mr. Srinivasaraghavan satisfied similar requirements to the completion of specialized academic coursework in a Bachelor's Degree program at an accredited institution of tertiary education in the United States.

The University of Madras is a regionally accredited institution of tertiary education in India. The University of Madras is a competitive institution, and prospective candidates must present satisfactory standardized test scores upon the completion of high school level studies. Upon completion of the necessary course work requisite of the core curriculum and the major area of concentration, as well as passage of the required examinations, Mr. Srinivasaraghavan was awarded a Bachelor of Science Degree from The University of Madras.



The academic criterion maintained by The University of Madras significantly parallel those parameters upheld by accredited colleges and universities of precedence in the United States. Calculations based on course duration and composition in the Bachelor of Science program indicate that Mr. Srinivasaraghavan satisfied similar requirements to the completion of three years of academic study towards a Bachelor's Degree from an accredited institution of tertiary education in the United States.

Mr. Srinivasaraghavan was awarded a Master of Computer Applications Degree from Pondicherry University in 2008. Mr. Srinivasaraghavan satisfactorily completed the academic requirements of students in the Master of Computer Applications Degree program of Pondicherry University. Students in the Master of Computer Applications Degree program of Pondicherry University complete sufficient specialized coursework in Computer Science, Probability and Statistics, Computer Programming and Problem Solving, Computer Organization and Assembly Language Programming, Business Data Processing, Computer Based Numerical and Statistical Techniques, System Software Programming, System Analysis and Design, Information System Design, Interactive Computer Graphics, Software Engineering, and related courses. The academic criterion maintained by Pondicherry University in the Master of Computer Applications program significantly parallel those parameters upheld by accredited colleges and universities of precedence in the United States. Calculations based on course duration and composition indicate that Mr. Srinivasaraghavan satisfied similar requirements to the completion of specialized academic coursework in Computer Science in a Master of Science Degree program at an accredited institution of tertiary education in the United States.

Pondicherry University is a regionally accredited institution of tertiary education in India. Pondicherry University is a competitive institution, and prospective candidates must present satisfactory standardized test scores upon the completion of university level studies. Upon completion of the necessary course work requisite of the University, as well as passage of the required examinations, Mr. Srinivasaraghavan was awarded a Master of Computer Applications Degree from Pondicherry University.



The academic criterion maintained by Pondicherry University significantly parallel those parameters upheld by accredited colleges and universities of precedence in the United States. Calculations based on course duration and composition in the Master of Computer Applications program, considered together with his prior studies at The University of Madras, indicate that Mr. Srinivasaraghavan satisfied similar requirements to the completion of a Master of Science Degree in Computer Science from an accredited institution of tertiary education in the United States.

CORPORATE SEAL

William Edelson

April, 2012

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