

THE UNITED STATES OF AMERICA

I-797A | NOTICE OF ACTION

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

318447

| | | |
|---------------------------------|----------------|--|
| Receipt Number IOE8558085789 | | Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER |
| Received Date 05/15/2023 | Priority Date | Petitioner TATA CONSULTANCY SVCS LTD |
| Notice Date 11/20/2023 | Page 1 of 2 | Beneficiary SRINIVASARAGHAVAN, GIRIDHAR |

TATA CONSULTANCY SVCS LTD
c/o CHOWDHURY, ANINDITA A
USILAW INC
6720 B ROCKLEDGE DRIVE STE. 100A
BETHESDA MD 20817

Notice Type: Approval Notice
Class: H1B
Valid from: 05/15/2023 to 01/30/2025

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

The petitioner should keep the upper portion of this notice. The lower portion should be given to the beneficiary(ies). The beneficiary(ies) should keep the right part (the I-94 portion) with his or her other Forms I-94, Arrival-Departure Record. The I-94 portion should be given to the U.S. Customs and Border Protection when he or she leaves the United States. The left part is for his or her records. A person granted 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.

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

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

Vermont Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001

USCIS Contact Center: www.uscis.gov/contactcenter



PLEASE TEAR OFF FOLD LINED SIDE AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# IOE8558085789

I-94# 462033936 A2

NAME SRINIVASARAGHAVAN, GIRIDHAR

CLASS H1B

VALID FROM 05/15/2023 **UNTIL** 02/09/2025

PETITIONER

TATA CONSULTANCY SVCS LTD
9201 CORPORATE BLVD 320
ROCKVILLE MD 20850

462033936 A2

Receipt Number IOE8558085789

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 IOE8558085789 | | Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER |
| Received Date 05/15/2023 | Priority Date | Petitioner TATA CONSULTANCY SVCS LTD |
| Notice Date 11/20/2023 | Page 2 of 2 | Beneficiary SRINIVASARAGHAVAN, GRIDHAR |

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

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

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

Vermont Service Center
U.S. CITIZENSHIP & IMMIGRATION SVC
38 River Road
Essex Junction VT 05479-0001

USCIS Contact Center: www.uscis.gov/contactcenter



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

INTENTIONALLY LEFT BLANK

Detach this flap for Personal Records

Receipt Number
I-94#

US Citizenship and Immigration Services
CLASS

INTENTIONALLY LEFT BLANK

INTENTIONALLY LEFT BLANK

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Receipt Number
US Citizenship and Immigration Services

INTENTIONALLY LEFT BLANK

I94 Departure Record
Petitioner:

14. Family Name
INTENTIONALLY LEFT BLANK

15. First (Given) Name
INTENTIONALLY LEFT BLANK

16. Date of Birth

17. Country of Citizenship



ANINDITA A. CHOWDHURY*
PRINCIPAL OF THE FIRM
anindita@usilaw.com

*ADMITTED IN DISTRICT OF COLUMBIA

LAW OFFICES
USILAW, INC.
8720-B ROCKLEDGE DRIVE, SUITE 450
BETHESDA, MD 20817, U.S.A.
T: 1 (202) 618-4540
F: 1 (202) 618-4543
WWW.USILAW.COM

VIA UPS

May 10, 2023

**REQUEST OF EXTENSION BASED ON THE AMERICAN COMPETITIVENESS IN
THE TWENTY-FIRST CENTURY (AC-21) §106(a)**

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
Vermont Service Center

Attn: H-1B Extension
38 River Road
Essex Junction, VT 05452

**RE: 129 H-1B Extension Petition for Nonimmigrant Alien Worker as per 8
CFR 214.2(h)(1)(ii)(B)(1)**

Petitioner: Tata Consultancy Services Limited
Beneficiary: Mr. Giridhar SRINIVASARAGHAVAN

**I-539 Petition for Extension of Status of Ms. Suganya DURAI (Spouse),
Shrimathi GIRIDHAR and Srihari GIRIDHAR (Children)**

Dear Sir or Madam:

We are submitting the attached H-1B Extension petition on behalf of Tata Consultancy Services Ltd. ("TCSL"). The beneficiary will be a full-time employee of TCSL as per 8 CFR 214.2(h)(4)(ii) and meet all statutory requirements.

In support of the petition, enclosed please find the following:

1. Form G-28 for Attorney Representation;
2. Checks in the amount of \$460.00 for the filing fee;
3. Form I-129, H and Data Collection Supplements;
4. Petitioner's Letter of Support;
5. Labor Condition Application (Form ETA 9035), duly certified; and
6. Additional Supporting documentation.

In support of the I-539 petition, enclosed please find the following:

1. Form G-28 for Attorney Representation;
2. Form I-539; filing fees of \$370.00;
3. Supporting documentation.

This submission meets all of the requirements for an H-1B petition, including those of:

- **"Specialty Occupation"** per 8 CFR 214.2(h)(4)(iii)(A);
- **Employee Employer Relationship** between beneficiary and TCSL;
- **Right to Control** the beneficiary by TCSL; and

➤ Itinerary of Services being attached.

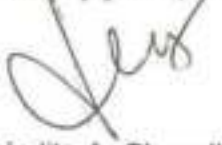
Please note that we are requesting this extension based on §106(a) of AC-21 Act. This section states the following (emphasis added): USCIS adjudicators may grant an extension of stay under AC21 §106(a) if evidence is provided that:

- A labor certification is *unexpired* at the time of filing of the Form I-129 H-1B extension petition;
- The labor certification was filed with DOL or the I-140 petition was filed with USCIS at least 365 days prior to date alien beneficiary will have exhausted 6 years of H-1B status in the United States pursuant to 214(g)(4); and
- The extension and I-129 petition are *otherwise approvable*.

Mr. Srinivasaraghavan's Permanent Labor Certification was filed 365 days prior to his max out date of January 31, 2024. The PERM was submitted with Department of Labor on December 15, 2022. Per the law, such individuals, who are in H-1B status may apply for an extension of their H-1B worker status, and "the Attorney General shall extend the stay of an alien who qualifies for an exemption under subsection (a) in one-year increments until such time as a final decision is made on the alien's lawful permanent residence."

We request the Service for a positive adjudication of this matter. Thank you for your kind attention and consideration of this petition.

Sincerely yours,



Anindita A. Chowdhury
Managing Attorney

Enclosures- RH/AC



**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)

2.b. Given Name (First Name)

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b. ☐ Apt. ☒ Ste. ☐ Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

**Contact Information of Attorney or Accredited
Representative**

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

**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

1.b. Bar Number (if applicable)

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)

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
- 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 / Yashpal Singh
- 6.b. Given Name (First Name) Anil / Varun Singh
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
Tata Consultancy Services Ltd.
- 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
3012219063
11. Mobile Telephone Number (if any)
12. Email Address (if any)
anil11.jindal@tcs.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 8201 Corporate Blvd
- 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
United States of America

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) 05/09/2023

Part 5. Signature of Attorney or Accredited Representative

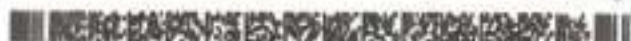
I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative

1.b. Date of Signature (mm/dd/yyyy) 05/10/2023

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 11/30/2025

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

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

Part 1. Petitioner Information

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

1. Legal Name of Individual Petitioner

| | | |
|-------------------------|-------------------------|-------------|
| Family Name (Last Name) | Given Name (First Name) | Middle Name |
| | | |

2. Company or Organization Name

| |
|-------------------------------|
| Tata Consultancy Services Ltd |
|-------------------------------|

3. Mailing Address of Individual, Company or Organization

(USPS ZIP Code Lookup)

| | | | |
|------------------------|-------------|---|----------|
| In Care Of Name | | | |
| Amit Jindal | | | |
| Street Number and Name | | Apt. Ste. Flr. | Number |
| 9201 Corporate Blvd | | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 320 |
| City or Town | | State | ZIP Code |
| Rockville | | MD | 20850 |
| Province | Postal Code | Country | |
| | | USA | |

4. Contact Information

| | | |
|--------------------------|-------------------------|------------------------|
| Daytime Telephone Number | Mobile Telephone Number | Email Address (if any) |
| 3012319083 | | amit1.jindal@tcs.com |

5. Other Information

| | | |
|---|---------------------------|--------------------------------------|
| Federal Employer Identification Number (FEIN) | Individual IRS Tax Number | U.S. Social Security Number (if any) |
| ▶ 98-0429806 | ▶ | ▶ |



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

1. **Requested Nonimmigrant Classification** (Write classification symbol): **H-1B**
2. **Basis for Classification** (select only one box):
- ☐ a. New employment.
- ☐ b. Continuation of previously approved employment without change with the same employer.
- ☐ c. Change in previously approved employment.
- ☐ d. New concurrent employment.
- ☐ e. Change of employer.
- ☒ f. Amended petition.
3. **Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."** ▶ **E A C 2 1 0 0 7 5 2 3 6 4**
4. **Requested Action** (select only one box):
- ☐ a. Notify the office in Part 4, so each beneficiary can obtain a visa or be admitted. (NOTE: A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
- ☐ b. Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in Item Number 2., above.
- ☒ c. Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ d. Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ e. Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
- ☐ f. Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
5. **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.) ▶ **1**

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

1. **If an Entertainment Group, Provide the Group Name**
2. **Provide Name of Beneficiary**
- | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|-------------|
| Srinivasaraghavan | Giridhar | |
3. **Provide all other names the beneficiary has used.** Include nicknames, aliases, maiden name, and names from all previous marriages.
- | Family Name (Last Name) | Given Name (First Name) | Middle Name |
|-------------------------|-------------------------|-------------|
| | | |
| | | |
| | | |
4. **Other Information**
- | | | |
|----------------------------|--|--------------------------------------|
| Date of birth (mm/dd/yyyy) | Gender | U.S. Social Security Number (if any) |
| 12/24/1984 | <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female | ▶ 4 2 4 6 7 1 6 2 2 |



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

| | |
|--------------------------------------|---------------------------------------|
| Alien Registration Number (A-Number) | Country of Birth |
| ▶ A- [] | India |
| Province of Birth | Country of Citizenship or Nationality |
| Puducherry | 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) | |
| H1B - SPECIALITY OCCUPATION | 09/14/2023 | |
| Student and Exchange Visitor Information System (SEVIS) Number (if any) | Employment Authorization Document (EAD) Number (if any) | |
| [] | [] | |

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

| | | |
|------------------------|--|----------|
| Street Number and Name | Apt. Ste. Flr. | Number |
| 22862 SE Cherry Street | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | [] |
| City or Town | State | ZIP Code |
| Black Diamond | WA | 98010 |

Part 4. Processing Information

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

a. Type of Office (select only one box): ☐ Consulate ☐ Pre-flight inspection ☐ Port of Entry

b. Office Address (City)

[]

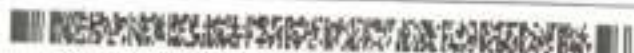
c. U.S. State or Foreign Country

[]

d. Beneficiary's Foreign Address

| | | |
|----------------------------|---|---------|
| Street Number and Name | Apt. Ste. Flr. | Number |
| P117, Muthyl Rddy Ngr 1 St | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 8 |
| City or Town | State | |
| Chennai | Tamil Nadu | |
| Province | Postal Code | Country |
| [] | 600088 | India |

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



Part 4. Processing Information (continued)

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

Part 5. Basic Information About the Proposed Employment and Employer

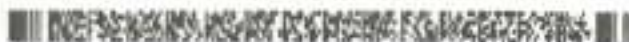
Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title

Architect

2. LCA or ETA Case Number

I-200-23122-985670



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

1001 4th Avenue

Apt. Stc. Flr. Number

☐ ☐ ☐

City or Town

Seattle

State

WA

ZIP Code

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? ▶
9. Wages: \$ 91,800.00 per (Specify hour, week, month, or year) ▶ year
10. Other Compensation (Explain)

Standard Benefits.

11. Dates of intended employment From: (mm/dd/yyyy) 05/02/2023 To: (mm/dd/yyyy) 01/30/2025
12. Type of Business 13. Year Established
- IT Services 1968
14. Current Number of Employees in the United States 15. Gross Annual Income 16. Net Annual Income
- 33,449 \$20.9billion



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

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

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

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

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

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

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

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

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

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

1. Name and Title of Authorized Signatory

Family Name (Last Name)

Jindal / Yarasinghu

Given Name (First Name)

Amit / Venkata Srinath

Title

Head Immigration & HR Compliance MA / Immigration Manager

2. Signature and Date

Signature of Authorized Signatory



Date of Signature (mm/dd/yyyy)

05/09/2023

3. Signatory's Contact Information

Daytime Telephone Number

3012319083

Email Address (if any)

amit1.jindal@tcs.com

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



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

Provide the following information concerning the preparer:

1. **Name of Preparer**

Family Name (Last Name)

Chowdhury

Given Name (First Name)

Anindita

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

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

USILAW Inc.

3. **Preparer's Mailing Address**

Street Number and Name

6720B Rockledge Drive

Apt. Ste. Fir. Number

☐ ☒ ☐ 430

City or Town

Bethesda

State

MD

ZIP Code

20817

Province

Postal Code

Country

USA

4. **Preparer's Contact Information**

Daytime Telephone Number

2026184540

Fax Number

2026184543

Email Address (if any)

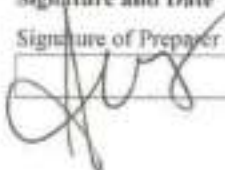
Anindita@usilaw.com

Preparer's Declaration

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

5. **Signature and Date**

Signature of Preparer



Date of Signature (mm/dd/yyyy)

05/12/2023



Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of Part 9, to complete and file with this petition. In order to assist us in reviewing your response, you must identify the Page Number, Part Number and Item Number corresponding to the additional information.

1. A-Number ▶ A-

2. Page Number

4

Part Number

4

Item Number

9

Have you ever previously filed a nonimmigrant petition for this beneficiary?

Yes, the petitioner has previously filed a non-immigrant petition on behalf of the beneficiary. Please see attached for supporting documentation.

3. Page Number

Part Number

Item Number

4. Page Number

Part Number

Item Number





H Classification Supplement to Form I-129

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 11/30/2025

1. Name of the Petitioner

Tata Consultancy Services Ltd

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

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 |
| Giridhar Srinivasaraghavan (H-1B) | 08/12/2017 | 01/29/2019 |
| Giridhar Srinivasaraghavan (H-1B) | 04/24/2013 | 10/27/2013 |
| | | |
| | | |
| | | |

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).

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

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

1. Describe the proposed duties.

Please see attached letter.

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

Please see attached letter.

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

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

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

Signature of Petitioner



Name of Petitioner

Amit Jindal / Venkata Srinath Yarasinhu

Date (mm/dd/yyyy)

05/09/2023

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

Amit Jindal / Venkata Srinath Yarasinhu

Date (mm/dd/yyyy)

05/09/2023

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)





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 11/30/2025

1. Name of the Petitioner

Tata Consultancy Services Ltd

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

\$91,800.00

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

b. Date Degree Awarded

c. Type of United States Degree

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

Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

ZIP Code



Section 3. Numerical Limitation Information (continued)

3. If you answered Item Number 1.d, "CAP Exempt," you must specify the reason(s) this petition is exempt from the numerical limitation for H-1B classification:
- ☐ a. The petitioner is an institution of higher education as defined in section 101(a) of the Higher Education Act, of 1965, 20 U.S.C. 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)(i)(F)(2).
 - ☐ c. The petitioner is a nonprofit research organization or a governmental research organization as defined in 8 CFR 214.2(h)(8)(i)(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)(i)(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(j) 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



REQUEST TO RECAPTURE THE TIME SPENT OUTSIDE OF THE U.S

Please note that we are requesting to recapture 1,745 days of H-1B visa time for Mr. SRINIVASARAGHAVAN.

| Entry to the U.S. | Exit from the U.S. | Days spent out of U.S. |
|-------------------|--------------------|--------------------------|
| April 24, 2013 | October 27, 2013 | 1,384 days |
| August 12, 2017 | January 29, 2019 | 361 days |
| January 26, 2020 | Present | |
| | | |
| | | |
| | | |
| | | |
| | | Total: 1,745 days |

In this petition, we are requesting to recapture the time Mr. SRINIVASARAGHAVAN spent outside the U.S. through **January 31, 2024**.

Under AC-21 §106(a), Mr. SRINIVASARAGHAVAN should extend his status 1 additional year. We are requesting an extension of stay through **January 30, 2025**.

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 <https://www.dhs.gov/agencies/eta/foreign-labor/>. In accordance with Federal Regulations at 29 CFR 85.730(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-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 (B) 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 * **Architect**

2. SOC (ONET/OES) code * **15-1299.08**

3. SOC (ONET/OES) occupation title * **Computer Systems Engineers/Architects**

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

5. Begin Date * **5/2/2023** (mm/dd/yyyy)

6. End Date * **5/1/2026** (mm/dd/yyyy)

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

1 Total Worker Positions Being Requested for Certification *

Basis for the visa classification supported by this application
(indicate total workers in each applicable category)

0 a. New employment * **0** d. New concurrent employment *

0 b. Continuation of previously approved employment without change with the same employer * **0** e. Change in employer *

0 c. Change in previously approved employment * **1** 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 | |
| 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) |
| CHOWDHURY | ANINDITA | A |
| 5. Address 1 § | | |
| 6720-B ROCKLEDGE DRIVE | | |
| 6. Address 2 | | |
| SUITE 430 | | |
| 7. City § | 8. State § | 9. Postal code § |
| BETHESDA | Maryland | 20817 |
| 10. Country § | 11. Province | |
| United States Of America | | |
| 12. Telephone number § | 13. Extension | 14. E-Mail address |
| +1 (202) 618-4540 | | ANINDITA@USILAW.COM |
| 15. Law firm/Business name § | | 16. Law firm/Business FEIN § |
| USILAW INC. | | 26-0440691 |
| 17. State Bar number (only if attorney) § | 18. State of highest court where attorney is in good standing (only if attorney) § | |
| 977716 | District Of Columbia | |
| 19. Name of the highest State court where attorney is in good standing (only if attorney) § | | |
| 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 4th 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* \$ 73466.00 To: \$ 97600.00 | | 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* \$ 73466.00 | | 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):* | | |
| <input type="checkbox"/> | 12. A Prevailing Wage Determination (PWD) issued by the Department of Labor | a. PWD tracking number § |
| <input checked="" type="checkbox"/> | 13. 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 § 7/1/2022 - 6/30/2023 |
| <input type="checkbox"/> | 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
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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. *

☒ Yes ☐ No

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 |

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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 655.735(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)(6) 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. §

☐ Yes ☐ No

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: *

- ☒ Employer's principal place of business
☐ 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 / Yarasinghi | Amit / Venkata Srinath | |
| 4. Hiring or designated official title * | | |
| Head Immigration & HR Compliance NA / Immigration Manager | | |
| 5. Signature * | | 6. Date signed * |
| | | 05/10/23 |

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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 5/2/2023 to 5/1/2026


Department of Labor, Office of Foreign Labor Certification

5/9/2023
Certification Date (date signed)

I-200-23122-985670
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 filed out when electronically submitting to the Department of Labor for processing, but **MUST** be complete when submitting non-electronically. If the application is submitted electronically, any resulting certification **MUST** be signed immediately upon receipt from 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).

For public burden statement information, please see Form ETA-9035CP General Instructions.



**REQUEST OF EXTENSION BASED ON THE AMERICAN COMPETITIVENESS IN
THE TWENTY-FIRST CENTURY (AC-21) §106(a)**

May 10, 2023

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
Vermont Service Center
Attn: H-1B Extension
38 River Road
Essex Junction, VT 05452

**RE: I-129 H-1B Extension Petition of Tata Consultancy Services Limited
Beneficiary: Mr. Giridhar SRINIVASARAGHAVAN**

Dear Officer:

This letter is submitted in support of the attached extension petition of Tata Consultancy Services Limited ("TCSL") pursuant to *8 CFR 214.2(h)(1)(ii)(B)(1)* on behalf of Mr. Giridhar Srinivasaraghavan. TCSL wishes to continue to employ Mr. Srinivasaraghavan in the specialty occupation and professional position of Architect. Please find attached the certified copy of the Labor Condition Application ("LCA"), approved by the Department of Labor. TCSL certifies that it will abide by the terms of the LCA. **This petition meets all Statutory Requirements.**

Please note that we are requesting this extension based on §106(a) of AC-21 Act. This section states the following (emphasis added): USCIS adjudicators may grant an extension of stay under AC21 §106(a) if evidence is provided that:

- *A labor certification is unexpired at the time of filing of the Form I-129 H-1B extension petition;*
- *The labor certification was filed with DOL or the I-140 petition was filed with USCIS at least 365 days prior to date alien beneficiary will have exhausted 6 years of H-1B status in the United States pursuant to 214(g)(4); and*
- *The extension and I-129 petition are otherwise approvable.*

Mr. Srinivasaraghavan's Permanent Labor Certification was filed 365 days prior to his max out date of January 31, 2024. The PERM was submitted with Department of Labor on December 15, 2022. Per the law, such individuals, who are in H-1B status may apply for an extension of their H-1B worker status, and "the Attorney General shall extend the stay of an alien who qualifies for an exemption under subsection (a) in one-year increments until such time as a final decision is made on the alien's lawful permanent residence."

In this instant petition, please find:

TATA CONSULTANCY SERVICES

Tata Consultancy Services Limited
9201 Corporate Boulevard Suite 320 Rockville MD 20850
Tel 301 211 5003 Fax 301 221 4892 www.tcs.com



- Evidence of TCSL as the current employer as per 8 CFR 214.2(h)(4)(ii), including paystubs and or employment letter;
- Evidence of existing and continuing **Employer-Employee Relationship** between TCSL and the beneficiary; the ways and means in which TCSL exercises "**Right to Control**" including supervision, review and assignment of beneficiary's work;
- **Itinerary of Services**;
- Contract of Services with TCSL's direct End Client;
- Detailed job description that includes the skills required to perform the job and the source of the instrumentalities and tools needed to perform the job;
- Brochure detailing the **annual employee evaluation** conducted by TCSL; and
- **Organizational chart** demonstrating the beneficiary's supervisory chain.

1. Business of Petitioner

Tata Consultancy Services Limited ("TCSL") is a leading global information technology products, services and solutions provider. One of the preeminent companies in its industry, TCSL is a global 500 company, with 150 offices in 46 countries. TCSL's clients have "experienced certainty" for over 50 years in working with TCSL to implement solutions that enable efficiencies, market penetration, innovation and excellence. TCSL specializes in developing and maintaining customized software for businesses. TCSL also offers business process outsourcing, data center management, systems integration & new product development, strategic consulting and engineering. TCSL has executed projects for over 1000 client companies in more than 50 countries worldwide.

TCSL employs over 450,738 of the world's best trained consultants worldwide and approximately 33,449 are in the United States. TCSL generated consolidated revenues of \$20.9 billion for the fiscal year ending March 31, 2019 and is listed on the National Stock Exchange and the Mumbai Stock Exchange in India.

2. Professional Position Offered

In the professional position of Architect (**SOC Code 15-1299.08; Computer Systems Engineers/ Architects**), the Beneficiary will be responsible for:

- Strategically architecting, designing, developing, and implementing efficient information and/or operations systems in support of core enterprise functions;
- Understanding business requirements, studying existing application landscape, and identifying redundant/ineffective systems;
- Conceptualizing technical solutions to complex problems and maximizing benefit of IT systems investment;
- Working closely with clients to gain organizational commitment for all systems and software plans, as well as evaluating and guiding selection of technologies required to complete those plans;
- Coordinating with offshore development team(s) to identify priorities and update scope and delivery schedule, create data migration/system integration strategies, and monitor system performance to detect and resolve problems during deployment and support change management.



Qualifying Position: The position of Architect is a professional position within a specialty occupation and requires a theoretical and practical application of highly specialized knowledge and relevant experience in the field. The duties of this position can only be discharged by an individual having a Bachelor's degree in Computer Science, Computer/Electronics Engineering, Computer Information Systems (CIS), Information Technology or a related analytic or scientific discipline, or the equivalent thereof, as well as experience working with highly specialized computer systems. The degree requirements listed above are all directly related to the information technology industry and impart highly specialized knowledge, including experience in technology and enterprise resource management software, object-oriented development software, operating systems and web platform development software. Based on the minimum educational requirements and the complex job duties of the proffered position, this clearly qualifies as a Specialty Occupation in accordance with USCIS rule 8 CFR 214.2(h)(1)(ii)(B)(1).

3. Employer – Employee Relationship / Right to Control

The beneficiary is currently an employee of TCSL and will continue to be a W-2 employee of TCSL in the U.S., subject to USCIS approval. The regulations (8 CFR §214.2(h)(4)(ii)) state that an employer is someone who has an "employer-employee relationship with respect to employees ... as indicated by the fact that it may hire, pay, fire, supervise, or otherwise control the work of any such employee...." TCSL is and will continue to be the actual employer, and evidence provided proves this valid employer-employee relationship. Mr. Srinivasaraghavan's employment, daily assignments, annual reviews and salary adjustments will be fully controlled by TCSL. Additionally, all discretionary decision-making regarding the beneficiary, such as hiring, and firing are made by TCSL. **TCSL has been and will continue to be fully compliant with 8 CFR 214.2(h)(2)(i)(B).**

TCSL employees are:

- Supervised by TCSL managers. TCSL retains and exercises full right to control all aspects of employment, including right to assign work and project;
- Subject to annual performance reviews and performance appraisal of project work by TCSL;
- Provided training, academic and professional support by TCSL;
- Bound by fiduciary responsibilities to TCSL based on employment contracts, as well as TCSL Codes of Conduct, Confidentiality Agreements and additional conditions mandated and regulated by TCSL policies. Intellectual property rights accruing from the beneficiary's employment accrue to TCSL.

Additionally, please find below additional relevant information:

The skills required to perform the specialty occupation: Details are provided in Section 4 "Beneficiary Section" of this letter. The beneficiary has the academic qualifications for this position. Additionally, skills are gained through training at TCSL and projects the beneficiary has been engaged in.



The source of the instrumentalities and tools required to perform the specialty occupation: Details are provided in Section 4 "Beneficiary Section" of this letter. The beneficiary will work on TCSL hardware and licensed software products; and work within TCSL's proprietary Global Network Delivery Model™ (GNDM™).

The location of the work: The location of work is as per the certified LCA. Location details are further provided in Section 5 "Itinerary of Services."

The duration of the relationship between you and the beneficiary: As evidenced, the beneficiary and petitioner currently have a full-time employer-employee relationship that is continuous and indefinite.

Whether you have the right to assign additional work to the beneficiary: Under terms of the employment agreement with the beneficiary and as per Client engagement documents, only TCSL has the right to assign additional work to the beneficiary.

The extent of the beneficiary's discretion over when and how long to work: TCSL has full discretion over when, where and how long the beneficiary will work. The beneficiary will be guided by the directions of TCSL managers and supervisors, whose details are provided below. Please also see attached Organizational Chart.

The method of payment of the beneficiary's salary: TCSL will provide payment through direct deposit to beneficiary's bank account.

The beneficiary's role in hiring and paying assistants: The beneficiary has no role in the hiring and paying of assistants.

Whether Specialty Occupation work is part of TCSL's regular business: TCSL is one of the leading information technology companies in the world. The regular business of TCSL is to provide information technology products, services and solutions. This position and job duties enumerated are an integral part of this business.

Whether TCSL is in Business: TCSL, a leader in Information Technology, is a Global 500 company, with 150 offices worldwide and **annual revenues of over \$20.9 billion.**

The provision of employee benefits: TCSL employee benefits include health insurance, educational training, retirement benefits, vacation and sick leave, etc.

The tax treatment of the beneficiary: TCSL treats the beneficiary as a full-time W-2 employee. TCSL makes payments for Social Security, Tax Withholdings, Unemployment Insurance and other contributions required by federal and state law.

Whether you can hire or fire the beneficiary or set rules and regulations on the beneficiary's work: TCSL has the right as per their terms of employment to employ the beneficiary at will or fire the beneficiary.



Whether, and if so, to what extent you supervise the beneficiary's work: TCSL supervises the beneficiary's work and provides support required to execute the job responsibilities. The beneficiary undergoes a formal annual review process by TCSL.

Whether the beneficiary reports to someone higher in your organization: The beneficiary will be supervised by TCSL On-Site Manager, Ravi Shankar Ramaswamy, who will provide day to day supervision, direction, management of deliverables and review of the beneficiary's performance. Please see the attached organizational chart.

In this instant case, all indicia of "employer employee relationship" and "Right of Control" of the beneficiary exists:

1. TCSL retains the employee on its payroll treating them as full-time employees. The end-client does not do so.
2. TCSL provides benefits and pays all local and federal taxes related to the employee.
3. TCSL makes contributions to the beneficiary's social security, worker's compensation, and unemployment insurance programs.
4. TCSL has the authority to retain its employees for multiple projects.

4. The Beneficiary

Mr. Srinivasaraghavan is well qualified for the professional position of Architect. The beneficiary has the required educational background in the field, including a baccalaureate degree and multiple years of progressive job experience in the field. The beneficiary meets and exceeds the minimum requirements set by U.S. Law for a person to qualify for an H-1B Specialty Occupation position under 8 CFR 214.2(h)(4)(iii)(A). Mr. Srinivasaraghavan was trained by TCSL in SharePoint 2010 Training with Workshops, Software Testing & Life Cycle, ASCENT Leadership Programme, Automated Testing, HP UFT, Domain, Agile, Selenium, UFT Automation Workshop Session, ASD Deployment Coordination and CCB Validation. The beneficiary has also conducted training at TCSL in Session on the QA Concepts, Insurance Concepts, Process Improvement Sessions, Automation Concepts and VB Script Macros. **Copies of Mr. Srinivasaraghavan's diplomas, transcripts and credential evaluation have been annexed.**

Mr. Srinivasaraghavan has the academic background and over 14 years of progressive professional experience that is necessary to meet the responsibilities of this position. Mr. Srinivasaraghavan's work experience has involved implementing technology solutions for major corporate clients, designing, testing and implementing software solutions. The beneficiary possesses strong technical knowledge with a wide variety of development tools languages and quality concepts. Mr. Srinivasaraghavan's work experience includes design, development, integration and testing business applications.

Mr. Srinivasaraghavan possesses technical skills.



TCSL, by this petition, and based on the qualifications and credentials Mr. Srinivasaraghavan holds, wishes to continue to employ the beneficiary temporarily with our company in H-1B visa status for a temporary period.

5. Itinerary of Services

Mr. Srinivasaraghavan will be part of a TCSL team assigned to a project for our direct end client, the details of whom are provided below. Please note that this is a direct client of TCSL and no intermediary is involved. Please find details of the engagement below:

| | |
|---|---|
| Client Name: Liberty Mutual Insurance Company | Project Site & Physical Street Address: Safeco Plaza, 1001 4th Avenue Seattle, WA 98154 |
|---|---|

Client:

Liberty Mutual Insurance Company, a business unit of Boston-based Liberty Mutual Group is a national organization that consists of property and casualty, and specialty insurance carriers that distribute products and services primarily through independent agents and brokers. Liberty Mutual Group is an American diversified global insurer and the third largest property and casualty insurer in the United States. It ranks 77th on the Fortune 100 list of largest corporations in the United States based on 2019 revenue. It employs over 45,000 people in more than 900 locations throughout the world. As of December 31, 2020, Liberty Mutual Insurance had \$145.377 billion in consolidated assets, \$119.420 billion in consolidated liabilities, and \$43.796 billion in annual consolidated revenue. Liberty Mutual acquired Safeco Corporation on April 23, 2008. Safeco continues to offer personal lines insurance (including auto, home, motorcycle, recreational vehicle, watercraft and more) through independent agents.

Project Description and Role of TCSL in the Project:

TCSL will assist Liberty Mutual in developing, enhancing and maintaining personal policy system line of business. Liberty Mutual has number of machine and business critical applications on disparate platforms like Client server and Mainframe (JAVA/J2EE, .Net, C#, SQL Server 2005, COBOL, IMS, and DB2) environments. The scope of the project includes development, production support activities and system maintenance/enhancements which will be executed by leveraging TCSL onsite-offshore methodology.

Onsite Activities include interacting with the customer to find the requirements, planning, coordinating with offshore team, working with onsite and offshore team for design and code delivery as well as testing the offshore deliverables. In addition, TCSL personnel are required to provide maintenance & production support to the business critical applications. This involves multiple skills like -Safeco business knowledge, technical know-how etc.

Specific Project Job Duties:



The beneficiary is an active TCSL team member working on our client project. This project is part of a long-term strategic technology contract between TCSL and its direct client and this engagement is expected to continue for **multiple additional years**. As part of the on-site TCSL team at the client location the beneficiary will continue to work on ensuring that project deployment, integration, testing and training meet client satisfaction and address the project delivery requirements as per our contract. The beneficiary will apply new perspectives to solve non-standard technical problems where a precedent may not exist.

While the job duties may vary, based on project requirements, which may be adjusted at the direction of the TCSL project management team, a broad breakdown of the beneficiary's job responsibilities are provided below:

| JOB DUTIES | % |
|---|------------|
| 1. Analyze scope change, system requirements and business rules with TCSL team and Client counter-party | 15 |
| 2. Offshore / On-Site coordination and work assignment review | 5 |
| 3. In-line with TCSL team directives, implement project delivery strategy | 10 |
| 4. Construct queries, programs and execute work requests | 20 |
| 5. Update status of requests in coordination with TCSL managers | 5 |
| 6. Understand and ensure implementation of quality standards | 5 |
| 7. Develop user interface and functionalities | 15 |
| 8. Unit and integration testing; implementation and post implementation support | 15 |
| 9. End user training and knowledge sharing. | 10 |
| Total: | 100 |

Upon completion of the project, Mr. Srinivasaraghavan will be assigned, at the direction and discretion of TCSL, to an assignment that best suits the skill sets, job experience and qualifications of the beneficiary.

6. Duration of Requested Validity Period

We are requesting a temporary validity for the beneficiary. TCSL has had a long-standing partnership with the End Client to whom we provide highly sophisticated information technology products, applications and services. The nature of the Information Technology industry is that client engagements are often defined by Work Orders and SOWs for short durations. This allows projects to be continually assessed and deliverables to be modified. We have a long-term information technology contract with our client governed by an MSA which has a multi-year duration.

TCSL's employment of H-1B non-immigrants, including Mr. Srinivasaraghavan, consists of full-time, regular employment with the Company. As such, each H-1B beneficiary is employed on a full-time basis with the Company and the employment of H-1B beneficiaries is never dependent upon a contractual agreement with another company or with clients of any other company.



TCSL has 25 offices in the United States, including industry leading Innovations Labs and Delivery Centers. At the end of the client engagement, the beneficiary will be assigned to specialized work befitting the educational and professional expertise and in line with the requirements of TCSL. Should it be required, TCSL will file an LCA and H-1B amendment petition to the Service. TCSL is aware of its regulatory requirements and certifies its commitment to ensuring strict adherence to its obligations.

In view of the above, we are requesting a temporary duration of validity for the beneficiary, so that critical client work remains uninterrupted.


7. Conclusion

Petitioner has established that the beneficiary, Mr. Srinivasaraghavan is a degreed professional, who has been and will continue to be working in a "specialty occupation." Also, we have established that the position of Architect, offered to Mr. Srinivasaraghavan, is a professional position within a "specialty occupation." Therefore, Petitioner respectfully requests that you approve this H-1B petition for a temporary period.

We are thankful for your attention and kind consideration of this matter. If you would like to contact us, please do so with contact information provided as well via email at amit1.jindal@tcs.com. Alternately, you may contact our attorney on record, Anindita Chowdhury at (202) 618-4540 or via email at anindita@usilaw.com.

Sincerely yours,

For Tata Consultancy Services Limited:



Amit Jindal / Venkata Srinath Yarasinghu
Head Immigration & HR Compliance North America / Immigration Manager