

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

Receipt Number EAC1924151207		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER
Received Date 08/01/2019	Priority Date	Petitioner TATA CONSULTANCY SVCS LTD
Notice Date 10/23/2019	Page 1 of 2	Beneficiary SRINIVASARAGHAVAN, GIRIDHAR
TATA CONSULTANCY SVCS LTD c/o MEAGAN DZIURA GOEL & ANDERSON LLC 12100 SUNSET HILLS RD STE 301 RESTON VA 20190		Notice Type: Approval Notice Class: H1B Valid from 08/01/2019 to 02/19/2021 Consulate: CHENNAI

The above petition has been approved, and notification has been sent to the listed consulate. You may also send the tear-off bottom part of this notice to the worker(s) to show the approval. Please contact the consulate with any questions about visa issuance. **THIS FORM IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.**

Petition approval does not authorize employment or training. When the workers are granted status upon admission to the United States, they can then work for the petitioner, but only as detailed in the petition and for the period authorized. When seeking admission to the United States, the following classifications may be eligible for a grace period of up to 10 days before, and up to 10 days after the petition validity period: CW-1, E-1, E-2, E-3, H-1B, H-2B, H-3, L-1A, L-1B, O-1, O-2, P-1, P-2, P-3, TN-1, and TN-2. H-2A nonimmigrants may be eligible for a grace period of up to one week before and 30 days after the petition validity period. If provided at admission, this grace period will be annotated on the beneficiary's I-94 by Customs and Border Protection (CBP). The grace period is a period of authorized stay but does not provide the beneficiary authorization to work beyond the petition validity period. Please contact the IRS with any questions about tax withholding.

If circumstances change, the petitioner can file Form I-824 to have us notify another consulate of this approval. If any of the workers are already in the U.S. the petitioner can file a new Form I-129 to seek to change or extend their status based on this petition. Changes in employment or training may also require a new petition. Include a copy of this notice with any other required documentation.

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

Number of workers: 1

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

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



Please tear off portion below and forward it to the alien worker.

The alien may use this portion when applying for a visa at an American consulate abroad, or if no visa is required, when applying for admission to the U.S.

Receipt#: EAC1924151207	Case Type: I129				
Notice Date: October 23, 2019	Petitioner: TATA CONSULTANCY SVCS LTD,				
Petitioner Validity Dates: Valid from 08/01/2019 to 02/19/2021	Number of Workers: 1				
Name SRINIVASARAGHAVAN, GIRIDHAR	DOB 12/24/1984	COB INDIA	Class H1B	Consulate/POE CHENNAI	OCC 030

I-797B | NOTICE OF ACTION

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

Receipt Number EAC1924151207		Case Type I129 - PETITION FOR A NONIMMIGRANT WORKER			
Received Date 08/01/2019	Priority Date	Petitioner TATA CONSULTANCY SVCS LTD			
Notice Date 10/23/2019	Page 2 of 2	Beneficiary SRINIVASARAGHAVAN, GIRIDHAR			
Name SRINIVASARAGHAVAN, GIRIDHAR		DOB 12/24/1984	COB INDIA	Class H1B	Consulate/POE CHENNAI
				OCC 030	

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
75 Lower Welden Street
Saint Albans VT 05479-0001
Customer Service Telephone: (800) 375-5283



Please tear off portion below and forward it to the alien worker.

The alien may use this portion when applying for a visa at a U.S. diplomatic consulate abroad, or if no visa is required, when applying for admission to the U.S.

VOID**VOID****VOID****VOID****VOID****VOID****VOID****VOID****VOID****VOID****VOID****VOID****VOID****VOID****VOID****VOID****VOID****VOID**



July 17, 2019

VIA UPS

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
Vermont Service Center
Premium Processing Unit
30 Houghton Street
St. Albans, VT 05478-2399

REQUEST FOR PREMIUM PROCESSING SERVICE

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

Petitioner: Tata Consultancy Services Limited
Beneficiary: Giridhar SRINIVASARAGHAVAN

Dear Immigration Officer:

I represent petitioner Tata Consultancy Services Limited in regard to the enclosed H-1B petition filed on behalf of the above-captioned beneficiary. In support of this petition, please find the following documentation enclosed. A complete copy of the petition to be forwarded to the KCC upon approval is also enclosed.

- **Form I-907, Request for Premium Processing Service**, original, with filing fee of \$1,410.00;
- **Form G-28, Notice of Entry as Attorney**;
- **Form I-129, Petition for Nonimmigrant Worker**, with filing fee of \$460.00;
- **Form I-129, H Supplement**;
- **Form I-129W, H-1B Data Collection & Filing Fee Exemption**;
- **Form ETA-9035E, Labor Condition Application**;
- **Petitioner's Support Letter**;
- **Beneficiary's Supporting Documentation**, including:
 - Academic credentials
 - Résumé and experience credentials
 - Passport

At this time, we respectfully request your prompt adjudication and approval of the enclosed H-1B petition. Should you require any additional information or documentation to complete the adjudication of the enclosed H-1B petition, please contact me directly at (703) 796-9898.

Respectfully Submitted,

GOEL & ANDERSON, LLC


Meagan Dziura / Marina Boulos
Attorney at Law

GOEL & ANDERSON, LLC
ATTORNEYS AT LAW

12100 Sunset Hills Road, Suite 301
Reston, Virginia 20190

T: 703.796.9898
F: 703.796.9005

www.goellaw.com
info@goellaw.com



Request for Premium Processing Service

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

USCIS
Form I-907
OMB No. 1615-0048
Expires 04/30/2020

For USCIS Use Only	Request Physically Received by USCIS	Returned	Resubmitted	Receipt
	Date	Date	Date	Action Block
	Date	Date	Date	
	Remarks			

To be completed by an attorney or accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable) 87488 / 5386	Attorney or Accredited Representative USCIS Online Account Number (if any)
---	--	--	---

► START HERE - Type or print in black ink.

Part 1. Information About the Person Filing This Request

1. Alien Registration Number (A-Number) (if any)	2. USCIS Online Account Number (if any)	
► A- <input type="text" value="N / A"/>	► <input type="text"/>	
3. Family Name (Last Name)	Given Name (First Name)	Middle Name
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text"/>
4. Company or Organization Named in the Related Case (If filed on behalf of a company or organization)		
<input type="text" value="Tata Consultancy Services Limited"/>		
5. Mailing Address		
In Care Of Name		
<input type="text" value="Goel & Anderson, LLC"/>		
Street Number and Name		Apt. Ste. Flr. Number
<input type="text" value="12100 Sunset Hills Road"/>		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 301
City or Town		State ZIP Code
<input type="text" value="Reston"/>		<input type="text" value="VA"/> 20190
Province	Postal Code	Country
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	USPS ZIP Code Lookup
6. Is your current mailing address the same as your physical address?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If you answered "No" to Item Number 6., provide your physical address in Item Number 7.		

Part 1. Information About the Person Filing This Request (continued)

7. Physical Address

Street Number and Name

Same as above

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Province

Postal Code

Country

8. Request for Premium Processing Service (select **only one** box):

- I am the **petitioner** who is filing or has filed a petition eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the petitioner** who is filing or has filed a petition eligible for Premium Processing Service. (Complete and submit Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, if Form G-28 or Form G-28I has not been submitted with the petition.)
- I am the **applicant** who is filing or has filed an application eligible for Premium Processing Service.
- I am the attorney or accredited representative **for the applicant** who is filing or has filed an application eligible for Premium Processing Service. (Complete and submit Form G-28 or Form G-28I, if Form G-28 or Form G-28I has not been submitted with the application.)

Part 2. Information About the Request

1. Form Number of Related Petition or Application

I-129

2. Receipt Number of Related Petition or Application

Given Name (First Name)

3. Classification or Eligibility Requested

H-1B

4. Petitioner or Applicant in the Related Case

Family Name (Last Name)

Tata Consultancy Services Limited

Given Name (First Name)

Middle Name

5. Beneficiary in the Related Case

Family Name (Last Name)

SRINIVASARAGHAVAN

Given Name (First Name)

Giridhar

Middle Name

6. Name of Point of Contact for the Company or Organization

Family Name (Last Name)

Yarasinghu

Given Name (First Name)

Venkata Srinath

Middle Name

Position Title

Immigration Manager

7. Company or Organization IRS Employer Identification Number (EIN) (if any)

980429806

Part 2. Information About the Request (continued)

8. Address of Petitioner, Applicant, Company, or Organization Named in Related Case

Street Number and Name

9201 Corporate Boulevard

Apt. Ste. Flr. Number

320

City or Town

Rockville

State

MD ZIP Code

Province

N/A

Postal Code

N/A

Country

USA

Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature

NOTE: Read the **Penalties** section of the Form I-907 Instructions before completing this section.

I understand that U.S. Citizenship and Immigration Services (USCIS) will refund the Premium Processing Service fee to the person listed in **Part 1.** of this request if USCIS does not take an action on the related case within 15 calendar days after the appropriate USCIS office physically receives this request. I understand that case actions include a referral for investigation of suspected fraud, misrepresentation, or the issuance of an approval notice, a request for evidence, a notice of intent to deny, or a denial notice.

Requestor's Statement

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

1. Requestor's Statement Regarding the Interpreter

- A. I can read and understand English, and I have read and understand every question and instruction on this request and my answer to every question.
- B. The interpreter named in **Part 4.** read to me every question and instruction on this request and my answer to every question in _____, a language in which I am fluent, and I understood everything.

2. Requestor's Statement Regarding the Preparer

- At my request, the preparer named in **Part 5.**, _____, prepared this request for me based only upon information I provided or authorized.

Requestor's Contact Information

3. Requestor's Daytime Telephone Number

703-796-9898

4. Requestor's Mobile Telephone Number (if any)

N/A

5. Requestor's Fax Number (if any)

703-796-9005

6. Requestor's Email Address (if any)

HALA.PREMIUM@GOELLAW.COM

Requestor's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for the immigration benefit that I seek.

I furthermore authorize release of information contained in this request, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

Part 3. Requestor's Statement, Contact Information, Declaration, Certification, and Signature (continued)

I certify, under penalty of perjury, that all of the information in my request and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my request and that all of this information is complete, true, and correct.

Requestor's Signature

7. Requestor's Signature

Date of Signature (mm/dd/yyyy)

07/17/2019

NOTE TO ALL REQUESTORS: If you do not completely fill out this request or fail to submit required documents listed in the Instructions, USCIS may deny your request.

Part 4. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

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

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

City or Town

State

 ZIP Code

Province

Postal Code

Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in Part 3.,

Item B. in **Item Number 1.**, and I have read to this requestor in the identified language every question and instruction on this request and his or her answer to every question. The requestor informed me that he or she understands every instruction, question, and answer on the request, including the **Requestor's Declaration and Certification**, and has verified the accuracy of every answer.

Part 4. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Signature

7. Interpreter's Signature

Date of Signature (mm/dd/yyyy)

Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor

Provide the following information about the preparer.

Preparer's Full Name

1. Preparer's Family Name (Last Name)

Dziura / Boulos

Preparer's Given Name (First Name)

Meagan / Marina

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

Goel & Anderson, LLC

Preparer's Mailing Address

3. Street Number and Name

12100 Sunset Hills Road

Apt. Ste. Flr. Number

301

City or Town

Reston

State

VA

ZIP Code

20190

Province

N/A

Postal Code

N/A

Country

USA

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

703-796-9898

5. Preparer's Mobile Telephone Number (if any)

N/A

6. Preparer's Email Address (if any)

HALA.PREMIUM@GOELLAW.COM

Preparer's Statement

7.A. I am not an attorney or accredited representative but have prepared this request on behalf of the requestor with the requestor's consent.

B. I am an attorney or accredited representative and my representation of the requestor in this case
 extends does not extend beyond the preparation of this request.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28 or Form G-28I with this request.

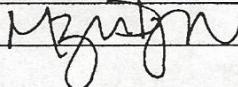
Part 5. Contact Information, Declaration, and Signature of the Person Preparing this Request, if Other Than the Requestor (continued)

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this request at the request of the requestor. The requestor then reviewed this completed request and informed me that he or she understands all of the information contained in, and submitted with, his or her request, including the **Requestor's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this request based only on information that the requestor provided to me or authorized me to obtain or use.

Preparer's Signature

8. Preparer's Signature



Date of Signature (mm/dd/yyyy)

07/17/2019

Part 6. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) 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. Family Name (Last Name) Given Name (First Name) Middle Name

2. A-Number (if any) ► A-

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.



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) Dziura / Boulos

2.b. Given Name (First Name) Meagan / Marina

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name 12100 Sunset Hills Road

3.b. Apt. Ste. Flr. 301

3.c. City or Town Reston

3.d. State VA 3.e. ZIP Code 20190

3.f. Province N/A

3.g. Postal Code N/A

3.h. Country USA

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

703-796-9898

5. Mobile Telephone Number (if any)

6. Email Address (if any)

meagan.dziura@goellaw.com / marina.boulos@goellaw.com

7. Fax Number (if any)

703-796-9005

**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

Virginia State Bar / Vermont Supreme Court

- 1.b. Bar Number (if applicable)

87488 / 5386

- 1.c. I (select only one box) am not am subject to any order suspending, enjoining, restraining, disbarring, 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)

Goel & Anderson, LLC

- 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, H-1B Petition

- 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) N/A
6.b. Given Name (First Name) N/A
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) Immigration Manager
8. Client's USCIS Online Account Number (if any)
►
9. Client's Alien Registration Number (A-Number) (if any)
► A- N / A

Client's Contact Information

10. Daytime Telephone Number

301 231-9083

11. Mobile Telephone Number (if any)

12. Email Address (if any)

srinath.y@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 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 N/A

- 13.g. Postal Code N/A

- 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

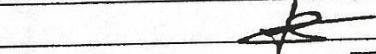
USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

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)

07/17/2019

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.

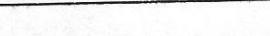
- 1.a. Signature of Attorney or Accredited Representative



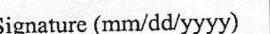
- 1.b. Date of Signature (mm/dd/yyyy)

07/17/2019

- 2.a. Signature of Law Student or Law Graduate



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





Petition for a Nonimmigrant Worker

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 01/31/2022

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

► START HERE - Type or print in black ink.

Part 1. Petitioner Information

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

1. Legal Name of Individual Petitioner

Family Name (Last Name)

Given Name (First Name)

Middle Name

2. Company or Organization Name

Tata Consultancy Services Limited

3. Mailing Address of Individual, Company or Organization

In Care Of Name

Venkata Srinath Yarasinghu - Immigration Manager

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

Email Address (if any)

srinath.y@tcs.com

5. Other Information

Federal Employer Identification Number (FEIN)

► 980429806

Individual IRS Tax Number

U.S. Social Security Number (if any)

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

1. Requested Nonimmigrant Classification (Write classification symbol): **H-1B**
2. Basis for Classification (select only one box):
- a. New employment.
 b. Continuation of previously approved employment without change with the same employer.
 c. Change in previously approved employment.
 d. New concurrent employment.
 e. Change of employer.
 f. Amended petition.
3. Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None." **► E A C 1 8 1 0 8 5 1 4 4 3**
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**

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)

SRINIVASARAGHAVAN

Given Name (First Name)

Giridhar

Middle Name

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) **12/24/1984**

Gender

 Male Female

U.S. Social Security Number (if any)

► 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)

► A-

Country of Birth

India

Province of Birth

Tamil Nadu

Country of Citizenship or Nationality

India

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

Date of Last Arrival (mm/dd/yyyy)

N/A

I-94 Arrival-Departure Record Number

►

Passport or Travel Document Number

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

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

Passport or Travel Document Country of Issuance

Current Nonimmigrant Status

Date Status Expires or D/S (mm/dd/yyyy)

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

Employment Authorization Document (EAD) Number (if any)

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

Street Number and Name

N/A

Apt. Ste. Flr. Number

City or Town

State

ZIP Code

Part 4. Processing Information

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

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

b. Office Address (City)

Chennai

c. U.S. State or Foreign Country

India

d. Beneficiary's Foreign Address

Street Number and Name

Plot No. 17, Door No. 8, Muthiyal Reddy Nagar 1st Street, Adambakkam

Apt. Ste. Flr. Number

City or Town

Chennai

State

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? ► 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 N/A
- 11.a. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?
 Yes. If yes, proceed to **Item Number 11.b.** No
- 11.b. If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.
 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

Analyst - Testing

2. LCA or ETA Case Number

I-200-19203-115258

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 Ave

Apt. Ste. 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: \$ 85,300.00 per (Specify hour, week, month, or year)

► Year

10. Other Compensation (Explain)

Standard Corporate Benefits

11. Dates of intended employment From: (mm/dd/yyyy) 07/23/2019 To: (mm/dd/yyyy) 02/19/2021

12. Type of Business

Information Technology Consulting Firm

13. Year Established

1968

14. Current Number of Employees in the United States

30,585 (U.S.)

15. Gross Annual Income

\$20.9 billion

16. Net Annual Income

\$4.5 billion

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

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

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

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

- 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
- 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)

Yarasinghu

Given Name (First Name)

Venkata Srinath

Title

Immigration Manager

2. Signature and Date

Signature of Authorized Signatory



Date of Signature

(mm/dd/yyyy) 07/17/2019

3. Signatory's Contact Information

Daytime Telephone Number

301 231-9083

Email Address (if any)

srinath.y@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)

Dziura / Boulos

Given Name (First Name)

Meagan / Marina

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

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

Goel & Anderson, LLC

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

3. Preparer's Mailing Address

Street Number and Name

12100 Sunset Hills Road

Apt. Ste. Flr. Number

301

City or Town

Reston

State

VA

ZIP Code

20190

Province

N/A

Postal Code

N/A

Country

USA

4. Preparer's Contact Information

Daytime Telephone Number

703-796-9898

Fax Number

703-796-9005

Email Address (if any)

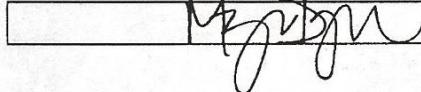
meagan.dziura@goellaw.com / marina.boulos@goellaw.com

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) 07/17/2019

Part 9. Additional Information About Your Petition For Nonimmigrant Worker

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

1. A-Number ► A-

2. **Page Number** **Part Number**

Item Number

Giridhar SRINIVASARAGHAVAN is the beneficiary of three previously approved H-1B petitions filed by Tata Consultancy Services Limited. The most recent related file number is EAC1810851443.

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 01/31/2022

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

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	08/12/2017	01/31/2019
	04/24/2013	10/28/2013

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

Yes No

6. Are you requesting a change of employer and was the beneficiary previously subject to the Guam-CNMI cap exemption under Public Law 110-229?

Yes No

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

Yes. If yes, please explain in Item Number 7.b. No

7.b. Explanation

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

1. Describe the proposed duties.

Please see alien's attached resume and supporting documentation.

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

Please see attached petitioner support letter.

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

Venkata Sripathi Yarasinghu, Immigration Manager

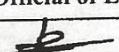
Date (mm/dd/yyyy)

07/17/2019

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

Venkata Sripathi Yarasinghu, Immigration Manager

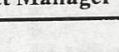
Date (mm/dd/yyyy)

07/17/2019

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

Venkata Sripathi Yarasinghu, Immigration Manager

Date (mm/dd/yyyy)

07/17/2019

Section 2. Complete This Section If Filing for H-2A or H-2B Classification

1. Employment is: (select only one box)

a. Seasonal b. Peak load c. Intermittent d. One-time occurrence

2. Temporary need is: (select only one box)

a. Unpredictable b. Periodic c. Recurrent annually



H-1B and H-1B1 Data Collection and Filing Fee Exemption Supplement

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

USCIS
Form I-129
OMB No. 1615-0009
Expires 01/31/2022

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 f. Bachelor's degree (for example: BA, AB, BS)
- b. HIGH SCHOOL GRADUATE DIPLOMA or the equivalent (for example: GED) g. Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- c. Some college credit, but less than 1 year h. Professional degree (for example: MD, DDS, DVM, LLB, JD)
- d. One or more years of college, no degree i. Doctorate degree (for example: PhD, EdD)
- e. Associate's degree (for example: AA, AS)

3. Major/Primary Field of Study

Computer Applications

4. Rate of Pay Per Year

\$85,300.00/year

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)(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 filling instructions carefully before completing the Form ETA- 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.dol.gov/>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor (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	3. SOC (ONET/OES) occupation title * COMPUTER OCCUPATIONS, ALL OTHER
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment
	5. Begin Date * (mm/dd/yyyy) 07/23/2019
	6. End Date * (mm/dd/yyyy) 02/19/2021

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 N/A		
3. Address 1 * 9201 CORPORATE BOULEVARD		
4. Address 2 SUITE 320		
5. City * ROCKVILLE	6. State * MD	7. Postal code * 20850
8. Country * UNITED STATES OF AMERICA	9. Province N/A	
10. Telephone number * 3012319083	11. Extension N/A	
12. Federal Employer Identification Number (FEIN from IRS) * 980429806	13. NAICS code (must be at least 4-digits) * 541511	

Labor Condition Application for Nonimmigrant Workers
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 * C/O TCSL, 9201 CORPORATE BOULEVARD		
6. Address 2 SUITE 320		
7. City * ROCKVILLE	8. State * MD	9. Postal code * 20850
10. Country * UNITED STATES OF AMERICA		
12. Telephone number * 3012319083	13. Extension N/A	14. E-Mail address AMIT.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? * If "Yes," complete the remainder of Section E below.		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2. Attorney or Agent's last (family) name § GOEL	3. First (given) name § VIC	4. Middle name(s) N/A
5. Address 1 § 12100 SUNSET HILLS ROAD		
6. Address 2 SUITE 301		
7. City § RESTON	8. State § VA	9. Postal code § 20190
10. Country § UNITED STATES OF AMERICA		
12. Telephone number § 7037969898	13. Extension N/A	14. E-Mail address GOEL-TCSLCA@GOELLAW.COM
15. Law firm/Business name § GOEL AND ANDERSON, LLC		16. Law firm/Business FEIN § 141943988
17. State Bar number (only if attorney) § 450335		18. State of highest court where attorney is in good standing (only if attorney) § DC
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 Ave	
5. Address 2 N/A	
6. City * Seattle	7. County * King
8. State/District/Territory * WA	9. Postal code * 98154
10. Wage Rate Paid to Nonimmigrant Workers * From*: \$ 74984.00 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 * \$ 74984.00	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. <input type="checkbox"/>	A Prevailing Wage Determination (PWD) issued by the Department of Labor		a. PWD tracking number § N/A
13. <input checked="" type="checkbox"/>	A PW obtained independently from the Occupational Employment Statistics (OES) Program		b. Source Year § 2019
	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	
14. <input type="checkbox"/>	A PW obtained using another legitimate source (other than OES) or an independent authoritative source		b. Source Year § N/A
	a. Source Type (check one): §	<input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/ PW Survey	
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher § N/A		
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey § N/A		

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. *

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 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. §

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: *	<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 * JINDAL	2. First (given) name of hiring or designated official * AMIT	3. Middle initial § N/A
4. Hiring or designated official title * HEAD - IMMIGRATION & HR COMPLIANCE, NORTH AMERICA		
5. Signature *	6. Date signed * A7 07/30/19	

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 § KADDO	2. First (given) name § HALA	3. Middle initial N/A
4. Firm/Business name § GOEL AND ANDERSON, LLC		
5. E-Mail address § HALA.KADDO@GOELLAW.COM		

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 07/23/2019 to 02/19/2021.

Certifying Officer

Department of Labor, Office of Foreign Labor Certification

07/29/2019

Certification Date (date signed)

I-200-19203-115258

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 PP11 12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**



July 17, 2019

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services
Vermont Service Center
Premium Processing Unit
30 Houghton Street
St. Albans, VT 05478-2399

RE: Form I-129, H-1B Petition for a Nonimmigrant Worker
Beneficiary: Giridhar SRINIVASARAGHAVAN

Dear Immigration Officer:

We submit this letter in support of the attached petition of Tata Consultancy Services Limited ("TCS") on behalf of Giridhar Srinivasaraghavan ("Beneficiary"). TCS wishes to employ the Beneficiary in the specialty occupation and professional position of Analyst - Testing. A copy of the approved Labor Condition Application for the Beneficiary's position is attached for your reference. TCS agrees to comply with all the terms and conditions of the LCA.

About Tata Consultancy Services Limited

Tata Consultancy Services Limited (TCS) is a multinational information technology service, consulting and business solutions company that delivers real results to global businesses, ensuring a level of certainty no other firm can match. TCS offers a consulting-led, integrated portfolio of IT and IT-enabled services delivered through its unique Global Network Delivery Model™, recognized as the benchmark of excellence in software development. TCS is majority-owned by the Tata Group, India's largest industrial conglomerate.

TCS understands that clients need to do more with less, respond quickly to the needs of their markets and get more strategic advantage from IT. We therefore serve large and fast-growing organizations who share a common set of objectives:

- Increasing profitability and efficiency by doing more with less
- Rapidly and effectively responding to changing market demands, thereby improving organizational agility
- Leveraging IT as a strategic driver for competitive advantage, not just as a business utility

TCS's success and reputation is built on ensuring certainty of outcome for these client objectives. With over 424,000 of the world's best trained IT consultants in 49 countries, TCS is able to serve a continuously growing number of distinguished clientele, many of whom are world leaders in their respective industries, such as

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

Microsoft, Apple, American Express, Bank of America, Citi, JPMorgan Chase, Best Buy, State Farm, Fiat Chrysler Automobiles, Target, CVS, Home Depot, General Electric, General Motors, AT&T, and Boeing.

Employer-Employee Relationship

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

- retain and exercise the right to control the Beneficiary's employment throughout the assignment;
- exercise actual control over the Beneficiary's day-to-day employment-related activities;
- directly supervise the Beneficiary's employment activities through a TCS manager stationed onsite;
- possess and retain the sole and complete authority to hire and fire the Beneficiary;
- remain solely responsible for paying the Beneficiary's remuneration;
- claim the Beneficiary as an employee and report all earned wages on Form W-2 for tax purposes;
- provide the Beneficiary with an employment benefits package, including health insurance.

As evidence of the employer-employee relationship, please see attached documentation. We are enclosing documentation discussing TCS's semi-annual performance appraisal process. Under TCS's current employment policy each TCS supervisor is to conduct individual performance appraisals for their subordinate employees on a semi-annual basis. These appraisals are conducted using the TCS online SPEED system.

In addition, it should be noted that TCS selected the Beneficiary to participate onsite in TCS's project for our client, Liberty Mutual Insurance Company, because of TCS's discretionary determination that the Beneficiary possessed the requisite education and skills for successful performance of the services enumerated in its agreement with Liberty Mutual Insurance Company. Moreover, TCS is not involved in staffing this project for Liberty Mutual Insurance Company (i.e. supplying employees to meet Liberty Mutual Insurance Company's staffing needs). Instead, Liberty Mutual Insurance Company has engaged TCS to undertake and complete information technology project(s) to meet its business needs. Thus, the work the Beneficiary will perform is part of TCS' regular business. Although the Beneficiary will be located onsite at Liberty Mutual Insurance Company, he will work completely within a TCS team and will be supervised by his TCS manager. He will interact with Liberty Mutual Insurance Company personnel only to the degree necessary to understand project needs and best perform his work on the system.

As noted above, for the entire duration of this assignment, a TCS supervisor in the United States will exercise actual control over the Beneficiary's work activities while he is stationed onsite at Liberty Mutual Insurance Company. The Beneficiary, as a member of the TCS team, will report to, be supervised and directed by, and receive feedback related to his work solely from a TCS supervisor. TCS alone will have the right to hire, fire, promote, demote, alter his assignment, add duties, change the team he works within, add assistants, determine when and how long he works, and determine his manner of payment.

TCS's projects for Liberty Mutual Insurance Company are governed by terms mutually agreed upon by both parties, and a TCS representative is in constant contact with Liberty Mutual Insurance Company to ensure TCS employees perform in accordance with the Agreement between the two companies. Liberty Mutual Insurance Company does not have the authority to assign or reassign the Beneficiary to any employment worksite including its own worksite. Thus, it should be clear that the Beneficiary's placement at Liberty Mutual Insurance Company's worksite does not undermine the actual, bona fide employer-employee relationship between TCS and the Beneficiary.

Itinerary

TCS intends to employ the Beneficiary full-time from July 23, 2019 to February 19, 2021 at TCS's client site, Liberty Mutual Insurance Company located at 1001 4th Ave, Seattle, WA 98154.

The Offered Position

TCS is petitioning on behalf of the beneficiary so it may utilize his professional services as an Analyst - Testing. In this specialty occupation, the Beneficiary will apply his technical expertise in computer science, analysis and programming, and his responsibilities will include, but not be limited to, the following:

- Responsible for testing of 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.
- Plan test schedules or strategies in accordance with project scope or delivery dates

Specialty Occupation

The position of Analyst - Testing within TCS is a specialty occupation that requires the theoretical and practical application of a specific body of knowledge. That is, the position requires the application of sophisticated 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. TCS's policy is to hire only individuals who possess at least a bachelor's degree or its equivalent in Computer Science, Computer Engineering, Information Systems, or a directly related specialty Information Technology field for the role of Analyst - Testing. The requirement of a bachelor's degree to work in the occupation of Analyst - Testing is a normal minimum requirement and is common to the industry. Simply stated, the specific degree requirement is TCS's *minimum* entry requirement for the position of Analyst - Testing.

The Beneficiary

The Beneficiary meets our requirements for the specialty occupation described above. He 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. As evidenced by the enclosed credentials evaluation, the Beneficiary has earned the equivalent of a Master of Science Degree in Computer Science as awarded by an accredited university in the United States.

In addition, the Beneficiary's academic background is supplemented by 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 TCS and its clients.

Conclusion

On the basis of the foregoing information, it is clear that the Beneficiary possesses expertise as a computer professional who will contribute his significant knowledge and skills to TCS in the professional specialty occupation of Analyst - Testing. The Beneficiary will receive compensation of \$85,300 per year for his

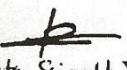
services in the specialty occupation, and he has been informed that if this petition is approved, his stay will be temporary and he will be required to depart the United States at the end of his assignment with TCS.

In closing, TCS reiterates that it will employ the Beneficiary in the specialty occupation of Analyst - Testing and will be his only employer. Specifically, TCS will be directly and solely responsible for directing and controlling the Beneficiary's activities at the onsite work location, payment of salary, and providing employment-related benefits, including vacation, medical insurance and other employee benefits.

Based on the foregoing, TCS respectfully requests approval of its petition to employ the Beneficiary in H-1B status for the requested period in the United States. Thank you for your kind attention to this matter.

Sincerely,

TATA CONSULTANCY SERVICES LIMITED


Venkata Sri Nath Yarasinghu
Immigration Manager